VUL-FRM-19-13-Work at Heights

VUL-FRM-19-13 Work at Heights Permit is required for all work where fall protection equipment is required and/or if work is required to take place above 2.0 metres

Date:		**Time:**		**PERMIT VALID FOR 24 HRS MAXIMUM**

Section 1 – Permit Holder Information

Name:		**Company:**		**Phone No:**	

Section 2 – Work at Heights Details

Work Location:	
Work Scope:	

Section 3 – Additional Permits

☐	VUL-FRM-19-02 Confined Space	☐	VUL-FRM-19-05 Hot Work	☐	Other Details:

Section 4 – Work at Heights Checklist

Mandatory Controls - ALL mandatory controls must be in place prior to permit approval

☐	JHA completed & attached- **MUST INCLUDE RESCUE DETAILS**	☐	Work area effectively barricaded & signposted
☐	Personnel site authorised to Work at Heights	☐	Overhead services/obstructions have been identified and communicated/isolated- (Cranes not to operate within 20m of overhead powerlines).
☐	Equipment inspected & fit for purpose	☐	No person shall work at heights in isolation
☐	Where necessary adequate covers, guard rails, toe boards and work platforms are in place	☐	Tools & materials secured against falls
☐	Safe access/egress to work area	☐	Adequate lighting
☐	Appropriate PPE for task & work area- inspected, correctly fitted		

Fall Arrest/Prevention Devices- Controls to be considered

☐	Appropriate fall arrest/prevention device for task ensuring adequate clearance in the event of a fall	☐	An appropriate anchor point has been selected by a competent person
☐	Is a dual lanyard system required?	☐	Equipment inspected and fit for purpose- in current test tag

Section 5- Working at Heights Rescue Plan

Description of proposed rescue method: Determined by risk assessment

Equipment required to effect the rescue:

☐ Rescue Ladder	☐ Rescue Kit	☐ Rescue Box	☐ Safety Rope	☐ Tripod System
☐ First Aid Kit	☐ EWP	☐ Climbing Rope Rescue System		☐ Stretcher
☐ Others (please specify):				

Emergency Contact Details (list at least two):

Name	Contact's Role	Primary Contact No.	Mine Radio Channel	UHF Channel

Section 6 – Permit Authorisation							
Permit Holder				**Supervisor**			
Name:				**Name:**			
Signature:				**Signature:**			
Date:		**Time:**		**Date:**		**Time:**	

Section 7 – Permit Transfer/Handover- Only Required where Permit Holder or Supervisor intend to leave site							
Permit Holder Relinquishing Control				**Supervisor Relinquishing Control**			
Name:				**Name:**			
Signature:				**Signature:**			
Date:		**Time:**		**Date:**		**Time:**	
Permit Holder Accepting Control				**Supervisor Accepting Control**			
Name:				**Name:**			
Signature:				**Signature:**			
Date:		**Time:**		**Date:**		**Time:**	

Section 8 – Worker Sign On / Off

Date	Name	Company	Sign on		Sign off	
			Time	Sign	Time	Sign

Section 9 – Permit Close Out / Return of Permit

☐ Work at Heights has ceased	☐ Relevant Parties have been communicated to
☐ All tools and equipment have been removed from area	☐ Equipment/Area is safe to be returned to service
☐ Isolations have been removed	

Permit Holder				**Supervisor**			
Name:				**Name:**			
Signature:				**Signature:**			
Date:		**Time:**		**Date:**		**Time:**	