

BEMS – WORK AT HEIGHT PERMIT	Date:
-------------------------------------	-------

1. Permit Number

Project Number
 Purchase Order / Work Order Number
 General Work Permit Number
 Work at Height Permit Number
 Risk Assessment Number

Refer to General Work Permit for detailed description and location of work to be undertaken

2. Work at Height Permit Period

Commencement Date Time
 Completion Date Time

3. Service Provider Details

Service Provider Mobile No.
 Company Name

4. Identification and Location of Work Area

Service Provider	Reason for Access
Service Provider	HAZARDS IDENTIFIED – List all know hazards e.g. working at heights, electrical work, vicinity to communication towers/repeaters, other services, proximity to emergency helicopter etc.

Service Provider

Work area and equipment inspection must be carried out and this permit must be accompanied by a risk assessment

Yes No

1. Has fall prevention been considered?
2. Has fall restraint been considered over fall arrest?
3. Have all personnel working under this permit been trained and competent to perform work at heights?
4. Have all slings, harnesses and fall protection equipment been thoroughly inspected prior to use and noted on this permit?
5. Have all anchor attachment points been inspected and approved, have an information plate and a current test tag attached?
6. Is the harness being used a parachute style – body belts are prohibited?
7. Does all work at height equipment have a current inspection tag?
8. Are the lanyards and fall arrest devices to be used fitted with a triple action karabiner at the end where it attaches to the harness?
9. Are all lanyard or fall arrestors attached directly to the anchor point?
10. Does all equipment being used for work at heights have recognised standard markings or stamps (AUS/NZ)?
11. Is edge protection required?
12. Are ladders securely anchored at the top of held in place firmly by another working whilst being used?
13. Is ladder extended one meter above the access/egress point?
14. Is there appropriate barricading and signage erected below and around the work area?
15. Is the work area free of tripping hazards and slip resistant?
16. Are all equipment and tools contained or tethered to prevent them from falling?
17. Have entry and exit points identified for the work at height and where required alternative entry & exit points identified where the work will interfere with normal operations?

5. Any Other Permits Applicable

Service Provider	Identify any other permits to be used in conjunction with this permit –	
Service Provider	Confined Space	Other – provide details
Service Provider	Excavation	
Service Provider	Hot Work	
Service Provider	Isolation	
Service Provider	Radiation	



Service Provider	18. Has a drop zone been established, barricaded and signs installed?	Yes	No
	19. Has a safety observer been appointed? If Yes , provide details		
	Name		
	Mobile No.		
	20. Are temporary anchor points required? – If Yes , assessment by a qualified height safety supervisor and/or suitably qualified engineer required.		
	Note – all temporary anchor points must be removed once work has been completed		
	Name		
	Date	Signature	

Service Provider	1. Does emergency services/special emergency response team need to be notified of the proposed work, schedule and location?	Yes	No
	2. Have you identified emergency access/egress points into the work at height area?		
	3. Do you have a communications system available?		
	4. Where is your nearest access/egress into this area?		

6. Rescue Plan

Service Provider	A High-Risk Work Rescue Plan has been established where:
	<ul style="list-style-type: none"> ▪ A worker is using a safety harness to perform the work activity ▪ A Risk assessment for the work activity has a residual risk score of high or greater
	Additional Instructions / Information
	<ul style="list-style-type: none"> ▪ Handrails are NOT to be used as anchor points ▪ Equipment that has been subjected to heat, excessive wear or cuts is to be tagged and removed from service
	Emergency Rescue Plan
	In the Event of an Emergency Dial
	Mobile No:
	Radio Channel
	Or Channel
	for Special Emergency Response Team

7. Equipment Used During Works

Service Provider	The following equipment will be used during the works (all equipment to be used is in good working order and is fit for use, i.e. current test certificate, licenced operator.
	Appropriate footwear
	Edge protection
	Elevated work platform
	Extension ladder
	Mobile scaffold
	Roof and/or ladder anchor points
	Ropes and harness
	Safety net
	Step ladder
Other	

Equipment Section						
	Equipment Type	Serial Number	Manufacturer	Inspection Comments	Signed	Post Use Condition
1						
2						
3						
4						
5						
6						
7						
8						

Permit Authorisation

I have completed a full inspection of the work area and have implemented protective measures as indicated on this permit and associated risk assessment.

Service Provider completing permit (name and position) Date Time Signature

Name

Position

I have reviewed the risk controls and confirm they are appropriate and have been implemented for the work at height to be undertaken as described on this permit.

Nominated Officer authorising permit (name and position) Date Time Signature

Name

Position

Closure or Withdrawal of Permit – To be completed by the person/s confirming all work is finished

I have confirmed that the work at height has been completed in accordance with this permit and all work is complete, all tools and equipment removed and the work area has been left in a safe condition.

Service Provider (print name) Date Time Signature

Nominated Officer (print name) Date Time Signature

Remarks / comments about the work



BEMS – WORK AT HEIGHT PERMIT**Appendix - Sign On / Sign Off**

Purchase Order / Work Order Number

General Work Permit Number

Work at Height Permit Number

Sign On / Sign Off – All staff working on work at height permit MUST sign on/off permit each working day							
Contractor / Worker		Sign On			Sign Off		
		I have read, understand and will comply with all the conditions/instructions specified on the work at height permit.			I have left the work at height job and am no longer working under this permit.		
Name		Date	Time	Initials	Date	Time	Initials
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							