

WHSMP09 – FOR – 01 Mobile Lift Permit

This permit operates in conjunction with the Critical Risk – Falls from Height framework and HRP02 – Working at Heights Procedure. It confirms that required planning, inspection and competency controls are in place and does not replace those processes.

Mobile Lift Permits **MUST** be completed by SCU staff or contractors scheduled to undertake any work at or above 2 metres using mechanical lifts (i.e. ewp, scissor lift or crane) on university property. This work must consider overhanging services. All permits must be in line with WHS legislative requirements and approved by an authorised Permit Issuer.

ALL WORK IS TO CEASE ON THE SOUNDING OR RAISING OF A FIRE OR OTHER EMERGENCY ALARM

PERMIT DETAILS						
Permit is Valid from:			Until:			
Permit Holder:		Staff Contractor	Company Name:			
Worker Name:			Mobile:			
Description of Works:						
Location of Works:						
Maximum Height:		m	Public/Private services nearby?		Yes No	
Distance from services:		m	Distance from buildings?		m	
Insert lift load:		kg/T	Device is being used?		EWP Scissor Lift Crane	
Prestart Review – Desk top					Tick	
PERMIT HOLDER	A task-specific risk assessment / SWMS has been completed by the contractor/work group and remains valid for the site and conditions?					<input type="checkbox"/>
	The risk assessment addresses working at heights and mobile lift hazards, including ground conditions, interaction risks, and emergency response?					<input type="checkbox"/>
	A current EWP inspection has been completed by a competent person using the appropriate inspection template (e.g. HRP02 – FOR – 03 – EWPs – Inspection Template)					<input type="checkbox"/>
	Inspection records and logbooks are available and any defects have been managed?					<input type="checkbox"/>
	Are all people conducting the work trained/qualified to perform the task?					<input type="checkbox"/>
	Pre-start meeting conducted with SCU PS Representative?					<input type="checkbox"/>
	Safety Checklist - Site				Tick	Comments
The selected mobile lift/EWP is suitable for the task and environment as identified in the risk assessment.					<input type="checkbox"/>	
Overhead services identified and marked – will covers be required?					<input type="checkbox"/>	
Are tag lines required to support the lift?					<input type="checkbox"/>	
Ground conditions are consistent with those assessed in the risk assessment and remain suitable for mobile lift operation?					<input type="checkbox"/>	
Is the lifting point closed? To prevent items or people from falling.					<input type="checkbox"/>	
Are there any services below the lifting services which could be damaged by the weight?					<input type="checkbox"/>	
A competent ground person/spotter is available and aware of emergency procedures?					<input type="checkbox"/>	
Emergency lowering and retrieval controls are identified, accessible and functional?					<input type="checkbox"/>	
The team have chosen a safe mode of communication (i.e. walkie talkie)?					<input type="checkbox"/>	

	Exclusion zones are in place and appropriate for the mobile lift operating envelope (including boom/slew movement, falling objects and interaction with pedestrians or traffic).		
	Combustible materials cleared from and/or barriers installed to prevent spark ignition?		
Worker Safety Checks			Tick
	Is appropriate personal protective equipment available, in good condition, and worn by all? Hi-vis, hard hats etc.		
	Are all people conducting the work medically and physically fit and trained/qualified to perform the task?		

By approving this permit, the Permit Issuer confirms that risk assessments, inspections and working at heights requirements have been completed in accordance with SCU procedures, and that conditions are suitable for the work to proceed.

PERMIT AUTHORISATION

ISSUER	I, the permit issuer, approve this permit to work (as listed above) to proceed.		
	Name of Permit Issuer:	Signature:	Date of Issue:

PERMIT DECLARATION

PERMIT HOLDER	As the Permit Holder, I acknowledge and understand the conditions of this permit and: <ul style="list-style-type: none"> • I am competent to coordinate this work in accordance with this permit and associated risk assessment. • Will implement all the controls highlighted above and outlined in the risk assessment. • Shall share this permit and associated risk assessment with the other worker/s to ensure they understand the conditions of this permit. 		
	Name of Permit Holder:	Signature:	Date:
	My signature below acknowledges that I agree and understand the conditions of this permit (other worker/s).		
	Name of worker: _____	Signature: _____	Date: _____
	Name of worker: _____	Signature: _____	Date: _____
	Name of worker: _____	Signature: _____	Date: _____
	Name of worker: _____	Signature: _____	Date: _____

FINALISATION

PERMIT HOLDER	As the Permit Holder , I confirm all work is complete , all workers have signed off the Permit and the worksite has been left clean and tidy .		
	Name of Permit Holder:	Signature:	Date:

FEEDBACK

NON-COMPLIANCE	
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