

## WHSMP09 – FOR – 03 Working at Heights Permit

**Working at Heights Permits MUST be completed by SCU staff or contractors scheduled to undertake works at or above 2 metres on university property. All permits must be in line with WHS legislative requirements and approved by an authorised SCU Permit Issuer.**

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

PERMIT DETAILS							
PERMIT HOLDER	Permit is Valid from:			Until:			
	Permit Holder:		Staff                  Contractor	Company Name:			
	Worker Name:			Mobile:			
	Description of Works:						
	Location of Works:						
	Maximum height of plant:			m	Height of work?		m
	This permit is valid only for:			This permit becomes invalid if:			
	<ul style="list-style-type: none"> <li>The location described above</li> <li>The scope of work described above</li> <li>The equipment and control measures identified in the accompanying Risk Assessment / SWMS</li> <li>The time specified</li> </ul>			<ul style="list-style-type: none"> <li>The scope of work changes</li> <li>The work location changes</li> <li>Equipment or access methods change</li> <li>Fall protection controls are altered or removed</li> <li>Environmental conditions materially change</li> <li>Work must cease and the permit reissued if any of the above occur.</li> </ul>			
	<b>Prestart Review</b>						<i>Tick</i>
	Pre-start meeting with SCU PS Representative completed?						
Have higher order controls (elimination or fall prevention) been considered and implemented where reasonably practicable, as documented in the SWMS?							
If fall arrest is to be used, is a site-specific rescue plan in place and understood by workers?							
Have you submitted a fire system isolation request to impair smoke/heat detectors while work is performed?							
SCU has approved works to proceed and notified those in the general area.							
Where required, a competent spotter has been assigned and assist in the event of an emergency?							
Spotter and worker both have the contact details for the closest first aid officer or hospital?							
Has the work area been inspected for edges, openings, penetrations, or fragile surfaces that may create a fall risk?							
<input type="checkbox"/> A task-specific Risk Assessment has been completed and reviewed. <input type="checkbox"/> Where the work involves High Risk Construction Work (e.g. there is a risk of a person falling more than 2 metres), a SWMS has been prepared and reviewed							
<b>PEE Required</b>		<i>Tick</i>	<b>Other Controls</b>		<i>Tick</i>	<b>Equipment Checks</b>	<i>Tick</i>
Safety Harness		Safety Boots		Barricades & Warning Signs		Fall Arrest Tagged	
Carabiners +t Lanyard		Protective Clothing		Anchor Points		Plant in good order	
Eye Protection		Hard Hats		Scaffolding		Plant fit for purpose	
Hand Protection		Tool Belts		Ladders / Platform Ladders		Tools secured	

	All height access equipment, anchors, and fall protection systems have been inspected before use and are appropriate for the task and load.		
	Inspection tags or certification sighted where applicable.		
<b>Environmental Checks</b>		<i>Tick</i>	<b>Comments</b>
	Environmental conditions have been assessed at the time of permit issue and are suitable for the task. <i>Tick if 'yes'.</i>		
	Work will cease if environmental conditions deteriorate.		
	Wind conditions are within manufacturer's limits for the plant used.		
	Work is not being undertaken above an occupied area without exclusion controls in place.		
	Have exclusion controls been implemented to prevent persons from being exposed to falling objects?		
	Work will cease if exclusion controls are removed, breached, or bypassed.		
	Surfaces are safe for work (without leaf litter and no slippery surfaces)?		
	Environmental conditions will be reassessed if work extends beyond the initial permit period.		
<b>Training &amp; Qualification Checks</b>			<i>Tick</i>
	Relevant licences and competencies (including plant or rescue where applicable) have been sighted.		
	Provide licence/permit no for working at heights and/if applicable, rescue operations.		
	Person/s working at heights are medically and physically fit to perform the task?		

**Required Attachments (Tick if applicable)**

- Task-specific Risk Assessment
- SWMS (where required for High Risk Construction Work)
- EWP / Plant Pre-start and site-specific risk assessment (if plant used)
- Site-specific Rescue Plan (if fall arrest used)
- Anchor certification/rating documentation (if fall arrest used)
- Scaffold Handover Certificate – current (if scaffold used)
- Relevant High Risk Work Licence sighted (if applicable)
- Fire System Isolation / Impairment Approval (if applicable)
- Traffic / Exclusion Control Plan (if work over or adjacent to occupied areas)

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**PERMIT AUTHORISATION**

**ISSUER**

I confirm I have reviewed the height risks, control measures, environmental conditions, and exclusion requirements associated with this task.

I, the permit issuer, approve this work at heights (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:

- 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. **All** temporary fall protection and exclusion controls have been safely removed.

**Name of Permit Holder:**

**Signature:**

**Date:**

**FEEDBACK**

**NON-COMPLIANCE**