

Working at Heights Permit

All applicable WHS legislative requirements MUST be satisfied before this permit is issued.
 For assistance with determining these requirements consult with the Southern Cross University Issuing Officer.
 The conditions of issue MUST be complied with for the duration of the work.


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

PERMIT DETAILS										
PERMIT HOLDER	Work Order No: _____ Date and Time: _____									
	Reason for Permit (description of work): _____									
	Location of Work: _____ Business Name: _____									
	Permit is Valid from: Date and Time: _____ Until: Date and Time: _____									
	Prestart Review								Y	N
Has a Working at Heights Risk Assessment been completed?								<input type="checkbox"/>	<input type="checkbox"/>	
Has the highest practicable level of control been chosen to control the risks identified?								<input type="checkbox"/>	<input type="checkbox"/>	
Has a Working at Heights rescue plan been submitted?								<input type="checkbox"/>	<input type="checkbox"/>	
PERMIT HOLDER	PPE Required	Y	N	PPE	Y	N	Other Control Measures	Y	N	
	Safety Harness	<input type="checkbox"/>	<input type="checkbox"/>	Safety Boots	<input type="checkbox"/>	<input type="checkbox"/>	Barricades	<input type="checkbox"/>	<input type="checkbox"/>	
	Safe Line or Life Line	<input type="checkbox"/>	<input type="checkbox"/>	Safety Helmet	<input type="checkbox"/>	<input type="checkbox"/>	Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
	Eye / Hand Protection	<input type="checkbox"/>	<input type="checkbox"/>	Protective Clothing	<input type="checkbox"/>	<input type="checkbox"/>	Conductive weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	
	Equipment checks								Y	N
	If permanent anchor points are in place, is the inspection date current?								<input type="checkbox"/>	<input type="checkbox"/>
	Does the fall arrest equipment to be used have a current inspection tag attached?								<input type="checkbox"/>	<input type="checkbox"/>
	Are ladders in good working order, and insulated if there is a potential exposure to electrical energy?								<input type="checkbox"/>	<input type="checkbox"/>
	Equipment to be carried is secured to a belt or hoisted up separately?								<input type="checkbox"/>	<input type="checkbox"/>
	Have personnel been trained and deemed competent for working at heights								Y	N
	Has the person conducting the work completed training to RIIWHS204D Work Safely at Heights?								<input type="checkbox"/>	<input type="checkbox"/>
	Has the person conducting the work completed training to PUASAR022A Participate in a Rescue Operation								<input type="checkbox"/>	<input type="checkbox"/>
	Has the person conducting the work completed non-certified rescue training and been deemed competent?								<input type="checkbox"/>	<input type="checkbox"/>
Are rescue training records maintained and up to date?								<input type="checkbox"/>	<input type="checkbox"/>	
Does the person conducting the work feel medically and physically fit to perform the task?								<input type="checkbox"/>	<input type="checkbox"/>	

Working at Heights Permit

PERMIT AUTHORISATION	
PERMIT ISSUER & PERMIT HOLDER	I hereby approve the work to proceed (as listed above) and I agree that the precautions as stated here provide adequate protection for the employees undertaking the job.
	Name of Permit Issuer : _____ Signature: _____ Date: _____
	My signature below acknowledges that I understand the conditions of this permit and agree to abide by them.
	Name of Permit Holder : _____ Signature: _____ Date: _____
	Name of worker: _____ Signature: _____ Date: _____
	Name of worker: _____ Signature: _____ Date: _____
	Name of worker: _____ Signature: _____ Date: _____
	Name of worker: _____ Signature: _____ Date: _____
	Name of worker: _____ Signature: _____ Date: _____
FEEDBACK	
NON COMPLIANCE OR ISSUES ARISING	
FINALISATION (after completion)	
PERMIT HOLDER	As Permit Holder I have ensured that all workers have removed their locks and tags and ensured the work area is clean and tidy.
	Name of Permit Holder: _____ Signature: _____ Date: _____

Upon finalisation of Permit, the original is to be provided to the pscontractor@scu.edu.au.

Form No. SCU/FRM0011	 Southern Cross University Working At Heights Risk Assessment	Issue: F Date: 05/05/2021 Page 1 of 2
----------------------	---	---

SOUTHERN CROSS UNIVERSITY


This risk assessment relates to the management of fall hazards at Southern Cross University which includes activities where people are working:

- off the ground (e.g. up ladders, on work platforms, or on roofs);
- on the ground close to deep holes (e.g. excavations) edges or ledges
- openings through which people could fall (e.g. stairwells)

Persons undertaking the task:		Company:	
Activity description:			
Start Date:	Time:	Finish Date:	Time:
Risk Assessment Completed by:			Date:

Step 1: Identify the hazards associated with your task

Surface		
<input type="checkbox"/> Roof / Ladder / Platform	<input type="checkbox"/> Stability / evenness	<input type="checkbox"/> Angle of roof
<input type="checkbox"/> Fragile / slippery / brittle surface	<input type="checkbox"/> Load bearing / strength	<input type="checkbox"/> Access / Egress
<input type="checkbox"/> Other/Detail: _____		
Hazard controls:		
<i>Note: over 30 degree work angle must be on a line</i>		
Environment		
<input type="checkbox"/> Sun exposure / glare	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Work in isolation
<input type="checkbox"/> Temperature (hot/cold)	<input type="checkbox"/> Electricity / Power Poles	<input type="checkbox"/> Gas / Petrol
<input type="checkbox"/> Other/Detail: _____		
Hazard controls:		
<i>Note: electrical wires distance up to 132,000v 3m, 132,000 – 330,000v 6m, over 330,000v 8m</i>		
People		
<input type="checkbox"/> Falling objects	<input type="checkbox"/> Pedestrian traffic	<input type="checkbox"/> Vehicle traffic
<input type="checkbox"/> Other/Detail: _____		
Hazard controls:		
Other hazards and their controls (e.g. manual handling, chemical, biological)		

Form No. SCU/FRM0011	 Southern Cross University Working At Heights Risk Assessment	Issue: F Date: 05/05/2021 Page 2 of 2
----------------------	--	---

Step 2: Complete this checklist before you start your activity.

For any items checked "No", provide further information on alternative controls to be implemented

Before work commences	Yes	No	N/A
Persons working at heights have received relevant instruction and / or training to competently perform the task prior to commencement: RIIWHS204D Work Safely at Heights PUASAR022A Participate in a Rescue Operation	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Persons working at heights are familiar with: <ul style="list-style-type: none"> • This Risk Assessment; and/or • Safe Work Method Statement; and/or • Plant and Equipment SOPs/manufacturer instructions 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The ground surface is appropriate for the equipment being used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment is fully functional and meets relevant standards: <ul style="list-style-type: none"> • Logbook checks are completed where required • Equipment inspected, maintained, tested according to relevant standards • Adequate space for the type of equipment being used • Weight limitations on anchor points will be adhered to 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Identify equipment to be used in this task: <input type="checkbox"/> Harness <input type="checkbox"/> Lanyards / Ropes <input type="checkbox"/> Roof Anchors <input type="checkbox"/> Elevated Platform <input type="checkbox"/> Scaffolding <input type="checkbox"/> Ladder			
A minimum of two people are available to undertake this task – do not work in isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons working at heights are medically fit and physically able	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weather conditions are appropriate for the task or equipment being used immediately prior to commencement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitable clothing and personal protective equipment will be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others will not be impacted by the equipment or task (falling items, noise, fumes etc.) or the area has been barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no answered to any of the above, explain alternate controls implemented: 			

Step 5: List specific risks identified with this task and measures implemented to ensure the highest practicable level of control has been chosen to controls the risks identified

	Risk	Measures implemented
1		
2		
3		

Following completion of this Risk Assessment a Working at Heights Work Permit must be issued prior to commencement of any activities

Southern Cross University Working at Heights Rescue Plan

Task Details		
Campus:	Building:	Room/Space:
Date:	Company:	
Description of task:		

Operators: Names of operators who will be Working at Heights	
1.	4.
2.	5.
3.	6.

Communication Methods to be used between suspended worker and supervisor/rescue team	
<input type="checkbox"/> Direct voice communication	<input type="checkbox"/> Mobile Phone
<input type="checkbox"/> Whistle	<input type="checkbox"/> Two-way radio

Emergency contacts	Name	Contact number
Rescue team:		
First aider(s) : (able to treat suspension trauma)		
Nearest hospital/emergency		

If the rescue team is unable to affect a rescue within 5 minutes, Emergency Services are to be called on 000, or 012 from mobile phones.

Note: The supervisor shall be prepared to provide the following information to emergency services as a minimum:

- Location and how high up the casualty is; and
- Operators' condition after fall (known injuries/conscious/duration of suspension)

Safety of rescuers:	Tick as appropriate	
Are operators trained, competent, & in date for use of rescue equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are rescue training records in date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there a sufficient number of rescuers available for the task?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is rescue equipment selected appropriate for the nature of work? E.g ladder rescue, ground rescue for EWP, rescue kit where previous options are not practicable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If appropriate drawing of rescue team members locations during works.

A large, empty rectangular box with a black border, intended for drawing the locations of rescue team members during works. The box is currently blank.