

## 5.33 Work at Height Assessment & Permit

Date  Name:  Company

Description Of Work

Exact Location of Proposed Work

**Checklist (Any RED Response – STOP! correct and start over!)**

	YES	NO	N/A
1. Is there a Job Safety Analysis or Safe Working Procedure for this task? <b>Attach a copy!</b>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has a Risk Assessment been undertaken? <b>Attach a copy!</b>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Weather conditions are suitable (NO high winds, slippery surfaces, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the Safety equipment and PPE have current inspection tags and is it in good cond <input type="checkbox"/> <b>Fall arrest</b> <input type="checkbox"/> <b>all Prevention</b> <input type="checkbox"/> <b>Fall Restraint</b>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Training in correct use of safety equipment and PPE has been conducted?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the anchor point(s) have a current inspection tag and has it been deemed suitable and tested by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a rescue plan been established if work is being carried out in fall arrest?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is all rescue equipment and are rescue personnel available at the activity site?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are personnel medically capable (Fit-4-Work, self-assessed) to perform work at height?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Has an Observer considered and appointed if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. All required PPE has been issued?	<input type="checkbox"/>	<input type="checkbox"/>	
12. All access equipment used has current inspection and/ or tags. (scaffolds, EWPs, ladders)	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have Access/Egress points been identified, and any additional risk mitigated?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Area affected by work at heights: secured, signs posted & barricaded off?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does the activity require the removal of grid mesh flooring or handrails?	<input type="checkbox"/>	<input type="checkbox"/>	
16. <b>If yes, complete Hazardous Work Permit (Grid mesh, flooring and handrails removal).</b>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Does the activity require the entry to a Confined Space? <b>If yes, complete a Confined Space Permit.</b>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 1 – Risk Assessment

Document the hazards and analyse the risks associated with the height access and work activities to be undertaken.

**Works Location:**

Method of access / work at heights:

**Reason for Works:**

Work activity description:   
 Nature of work to be undertaken:

**Hazard identification, risk analysis and control measure selection:**

*Add an additional page if the space below is insufficient.*

<b>Specific Access / Work Issues:</b> (tick appropriate)	<input type="checkbox"/>	The access / work is to be solely undertaken by a contracted party and a detailed work method statement / risk assessment has been previously prepared, reviewed by CI & is attached to this Form.	<b>Attach documentation &amp; proceed to Section 2 on the following page.</b>
	<input type="checkbox"/>	The access / work is to be solely undertaken by CI personnel as per the specific access / work issues detailed below.	

<b>Risk Assessment Guide</b>									
<b>Step 1 – Consider Consequences</b>		<b>Step 2 – Consider Likelihood</b>		<b>Step 3 – Calculate Risk</b>					
What are the consequences of this hazard occurring? Consider what is the most probable consequence (below)		What is the likelihood (below) of the hazard consequence in Step 1 occurring?		1. Take Step 1 rating and select the correct column. 2. Take Step 2 rating and select the correct line. 3. Use the risk score where the two ratings cross on the matrix below. <b>H = High, S = Serious, M = Medium, L = Low</b>					
<b>High</b>	<i>Notifiable Injury, Illness, Incident, Event, Major loss</i>	<b>Almost Certain</b>	Is expected to occur in most circumstances	<b>Likelihood</b>	<b>Consequences</b>				
	<b>Insig</b>		<b>Minor</b>		<b>Major</b>	<b>High</b>			
<b>Major</b>	<i>Possible Notifiable Injury, Illness, Incident, Event, high loss</i>	<b>Likely</b>	Will probably occur at least once		<b>Almost Certain</b>	<b>M</b>	<b>S</b>	<b>H</b>	<b>H</b>
	<b>Minor</b>		<i>1<sup>st</sup> Aid, medium loss</i>		<b>Possible</b>	Event might occur at some time	<b>Likely</b>	<b>M</b>	<b>M</b>
<b>Insignificant</b>		<i>No injuries – low financial loss</i>	<b>Unlikely / Rare</b>			Event not expected to occur, only in exceptional circumstances	<b>Possible</b>	<b>Unlikely / Rare</b>	<b>L</b>
	<b>Hazard</b> (List the hazards relating to the work)			<b>Controls</b> (List the controls to manage each of the hazards)		<b>Responsible Party</b> (List the role, contractor, responsible for implementing the controls)			<b>Risk Assessment</b> (With controls in place: H, S, M or L)

<b>Risk Assessment Personnel: (Risk Assessment Completed by:)</b>				
Name:		Employer:		Date:
Name:		Employer:		Date:
Name:		Employer:		Date:

<b>Section 2 – Access Permit</b>			
As per the method of access / work at heights described in <i>Section 1</i> , identify control requirements in the relevant parts below or mark as not applicable.			
<b>Elevating Work Platforms (EWP) Requirements</b>			<input type="checkbox"/> NA (Not Applicable)
<b>EWP Controls:</b>	<b>Yes</b>	<b>N/A</b>	<b>If Yes, Include Additional Control Details to be Used:</b>
<i>All EWP Operators possess a valid EWP Operators License.</i>			
<i>Minimum clearance distances will need to be maintained from overhead hazards (power lines, structures, moving plant, etc)</i>			
<i>Specific controls will be required to ensure an appropriate ground / surface slope for placement of the EWP</i>			
<i>Barriers or signage will need to be erected around the EWP (to restrict access by persons or other plant items)</i>			
<i>EWP of any type will require a certified / authorised operator</i>			
<i>Personnel using the EWP will be familiar with set-up, control of the EWP and emergency egress</i>			
<i>Other:</i>			

<b>Scaffolding Requirements</b>		
<b>Type of Scaffold: (SCAF Tags must be in place)</b>		<input type="checkbox"/> NA (Not Applicable)
	<b>Yes</b>	<b>NA</b>
<i>Prefabricated scaffold (fixed length components, fittings and general design configuration)</i>		
<i>Mobile scaffold (free-standing, movable scaffold)</i>		
<i>Tube and couple scaffold (variable lengths of tube, couple attachments and configurations)</i>		
<i>Complex scaffold (cantilevered, hung, other complex configuration): Details:</i>		

<b>Scaffold Controls:</b>	<b>Yes</b>	<b>NA</b>
<i>The scaffold will be erected / dismantled by a certified scaffolder (mandatory if deck is &gt;4m from ground / surface)</i>		
<i>A scaffold plan has been developed. Provide plan or drawing number / reference:</i>		
<i>Barriers will be erected around the scaffold during erection / dismantling (to prevent potential falling object incidents)</i>		
<i>To ensure the safety of those erecting / dismantling, indicate which of the following will be implemented:</i>		
<ul style="list-style-type: none"> <li><i>a prescribed scaffold work method will be used (immediate and progressive installation of platform and edge protection, internal ladder/stair access and retention of full deck, to ensure falls are prevented).</i></li> </ul>		

<ul style="list-style-type: none"> <li>a fall arrest harness system will be used (only suitable where anchorages of 15 kN &amp; safe fall clearances exist).</li> </ul>		
<ul style="list-style-type: none"> <li>an alternative safe work at height method will be used, as detailed:</li> </ul>		
<p><b>The scaffold is to be a fixed scaffold that will be:</b></p> <ul style="list-style-type: none"> <li>safely secured via scaffold ties and appropriate base plate supports; and</li> <li>erected with adequate access provisions, edge protection and falling object protection.</li> </ul>		
<p><b>The scaffold is to be a mobile scaffold that will be:</b></p> <ul style="list-style-type: none"> <li>supported on adjustable and lockable castors to ensure the scaffold is level and not able to move when locked;</li> <li>no greater than 9m high or 3-times the smallest base dimension; and</li> <li>erected with adequate access provisions, edge protection and falling object protection.</li> </ul>		

Temporary Edge Protection or Cover Requirements <span style="float: right;"><input type="checkbox"/> NA (Not Applicable)</span>			
Type of Temporary Edge Protection or Cover:	Yes	NA	
Fixed handrail along an unprotected edge or guardrail along an unprotected rooftop edge			
Movable edge protection, secured in place around a penetration			
Movable cover, secured in place over a penetration (adequate for potential loadings of people & equipment)			
Edge Protection or Cover Controls:	Yes	N/A	If Yes, Include Additional Control Details to be Used:
Specific controls will be required to fix a movable cover in place and clearly warn people of its location			
Specific controls will be required to ensure the edge protection can be erected from a safe location and without the installing person being exposed to a fall hazard			
Due to the nature of edge protection to be secured, a certified scaffolder or similar competent person, will be required to set up the temporary edge protection			
<p>Mandatory if setting up edge protection rather than a cover -</p> <p>The edge protection to be set-up will be:</p> <ul style="list-style-type: none"> <li>capable of withstanding the potential force of a person falling downwards or outwards onto the barrier;</li> <li>at least 900mm high with additional rails, infill, etc to prevent persons falling through or under the barrier; and</li> <li>not able to be dislodged from an edge or from over a penetration by a person falling against it.</li> </ul>			

Personal Fall Protective Equipment Requirements <span style="float: right;"><input type="checkbox"/> NA (Not Applicable)</span>			
Type of System to be Used:	Yes	NA	
<p><b>Fall Restraint System -</b> (use of harness, suitable attachments, anchorage line that does not allow a person into a fall position):</p> <ul style="list-style-type: none"> <li>will have an adequate anchorage(s) to withstand potential loadings;</li> <li>will enable personnel to attach to the system prior to being in a position where they could fall;</li> <li>will not come into contact with anything that could affect the integrity of the system; and</li> <li>if it is a fixed/permanent system – inspection records have been reviewed and are current ( <input type="checkbox"/> Yes / <input type="checkbox"/> NA ).</li> </ul>			
<p><b>Fall arrest system -</b> (use of a harness, lanyard assembly/shock absorbing device, anchorage, in a potential fall position):</p> <ul style="list-style-type: none"> <li>will have an adequate anchorage(s) to withstand potential loadings</li> <li>will enable personnel to attach to the system prior to being in a position where they could fall;</li> <li>will not come into contact with anything that could affect the integrity of the system;</li> <li>will consist of a device (shock absorbing device) to ensure that no greater than 6kN of force could be applied to a falling person;</li> <li>will allow enough fall clearance for those who may fall, once force has been applied to all system components;</li> <li>if it is a fixed/permanent system – inspection records have been reviewed and are current ( <input type="checkbox"/> Yes / <input type="checkbox"/> NA);</li> <li>will enable a rescue/retrieval method to be implemented (provide details below).</li> </ul>			

Other Specific Work Method Requirements <span style="float: right;"><input type="checkbox"/> NA (Not Applicable)</span>			
Description:	Yes	NA	Attach:
An industrial rope access system will be implemented by a specialist contracted party			A specific work procedure or work method statement supplied by the contractor.
An industrial safety net will be erected by a specialist contracted party			

<b>Rescue / Retrieval Considerations:</b>			<input type="checkbox"/> NA (Not Applicable)
Minimum provisions required:	Yes	NA	Provide Additional Details – Specifically for Complex Access Scenarios:
Competent stand-by person to individually manage rescue / retrieval equipment			
Safety harness/rescue kit in vicinity with competent user/s			
Specific retrieval equipment / plant items			
Other:			

<b>Falling Object &amp; Other Precautions</b>			
Other items required:	Yes	NA	Provide Clarifying Details as Required:
Temporary barrier mesh to restrict access			
Tool restraints / lanyards to be used at height			
Catch platforms / decks for falling objects			
Covers over sharp roof / plant edges			
Head protection			
Specific access clearance / keys for controlled areas			
Warning notices / barricades required			
Specific lighting provisions required			
Other:			
Attachments (other documents/plans prepared)			

<b>Permit Request:</b>			
This acknowledgement signifies a formal request to commence height access / works. As the person requesting this permit, I hereby certify that:			
<ul style="list-style-type: none"> <li>I am competent to coordinate this height access / work in accordance with the previous Risk Assessment &amp; Access Permit details;</li> <li>I shall undertake to implement all planned and necessary controls to ensure safe access / work at heights; and</li> <li>I shall monitor access and work at height hazards and control methods throughout the access / work.</li> </ul>			
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>	<b>Time:</b>

<b>Bayleys Property Services Authorisation:</b>					
This BPSI Authorisation signifies that the planning component of the 5.03 Working at Heights - Risk Assessment & Access Permit has been completed and that height access / work is authorised to commence in accordance with the Permit Request.					
Name:		Signature:		Date:	
				Time:	

<b>Section 3 – Implementation</b>	
<b>Height Access Authorisation (Work Coordinator in Direct Control):</b>	
The procedures, control measures and precautions appropriate for the safe access &/or execution of work at heights have been implemented and the persons required to work at heights have been advised of and understand the requirements of the 5.03 Working at Heights - Risk Assessment & Access Permit.	
<b>Constraints:</b> This Authorisation is valid until the following occurs, or the date and time shown:	
1.	
2.	
<b>I confirm that all controls as above are in place and all workers understand the requirements of this permit.</b>	
Supervisor Name:	Contact No
Signature	Date

<b>Section 4 – Work Completion</b>	
<b>I have inspected the worksite.</b>	
<b>I am satisfied that the work is complete, all equipment removed and the site safe.</b>	
Supervisor Name:	
Signature	Date