

5.04 Work at Height Assessment & Permit

Date Name: Company

Description Of Work

Exact Location of Proposed Work

YES NO N/A

COMPLETE ONLY THOSE SECTIONS THAT APPLY

Checklist (Any NO Response – STOP! correct and start over!)

1. Is there a Job Safety Analysis or Safe Working Procedure for this task? Attach a copy!	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has a Risk Assessment been undertaken? Attach a copy!	<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 condition? <input type="checkbox"/> Fall arrest <input type="checkbox"/> Fall Prevention Fall Restraint <input type="checkbox"/>	<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. If yes, complete Hazardous Work Permit (Grid mesh, flooring and handrails removal).	<input type="checkbox"/>	<input type="checkbox"/>	
17. Does the activity require the entry to a Confined Space? If yes, complete a Confined Space Permit.	<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.

Specific Access / Work Issues: (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 Bayleys Property Management & is attached to this Form.
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Attach documentation & proceed to Section 2 on the following page.

	<input type="checkbox"/> The access / work is to be solely undertaken by Bayleys Property Management personnel as per the specific access / work issues detailed below.	Complete the Risk Assessment below.
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Risk Assessment Guide								
Step 1 – Consider Consequences		Step 2 – Consider Likelihood		Step 3 – Calculate Risk				
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. E=Extreme, H = High, M = Medium, L = Low				
HIGH	Multiple fatalities or permanent injuries	Almost Certain	Is expected to occur in most circumstances	Likelihood	Consequences			
					Insig	Minor	Major	High
Major	Medical treatment or lost time injury	Likely	Will probably occur at least once		M	H	E	E
					M	M	H	E
Minor	First aid treatment	Possible	Event might occur at some time	L	M	M	H	
				L	L	M	M	
Insignificant	Incident or near miss – no treatment	Unlikely / Rare	Event not expected to occur, only in exceptional circumstances	L	L	M	M	
				L	L	M	M	
Hazard		Controls		Responsible Party		Risk Assessment		
(List the hazards relating to the work)		(List the controls to manage each of the hazards)		(List the role, contractor, responsible for implementing the controls)		(With controls in place: H, S, M or L)		

Risk Assessment Personnel: (Risk Assessment Completed by:)				
Name:		Employer:		Date:
Name:		Employer:		Date:
Name:		Employer:		Date:

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

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

Scaffold Controls:	Yes	NA
The scaffold will be erected / dismantled by a Trained or Certified scaffolder (Certified mandatory if deck is >4m from ground / surface)		
A scaffold plan has been developed. Provide plan or drawing number / reference:		
Barriers will be erected around the scaffold during erection / dismantling (to prevent potential falling object incidents)		
To ensure the safety of those erecting / dismantling, indicate which of the following will be implemented:		
<ul style="list-style-type: none"> 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). 		
<ul style="list-style-type: none"> a fall arrest harness system will be used (only suitable where anchorages of 15 kN & safe fall clearances exist). 		
<ul style="list-style-type: none"> an alternative safe work at height method will be used, as detailed: 		
The scaffold is to be a fixed scaffold that will be: <ul style="list-style-type: none"> safely secured via scaffold ties and appropriate base plate supports; and erected with adequate access provisions, edge protection and falling object protection. 		
The scaffold is to be a mobile scaffold that will be: <ul style="list-style-type: none"> supported on adjustable and lockable castors to ensure the scaffold is level and not able to move when locked; no greater than 9m high or 3-times the smallest base dimension; and erected with adequate access provisions, edge protection and falling object protection. 		

Temporary Edge Protection or Cover Requirements		<input type="checkbox"/> NA (Not Applicable)	
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			
Mandatory if setting up edge protection rather than a cover - The edge protection to be set-up will be: <ul style="list-style-type: none"> capable of withstanding the potential force of a person falling downwards or outwards onto the barrier; at least 900mm high with additional rails, infill, etc to prevent persons falling through or under the barrier; and not able to be dislodged from an edge or from over a penetration by a person falling against it. 			

Personal Fall Protective Equipment Requirements

 NA (Not Applicable)

Type of System to be Used:

Yes	NA

Fall Restraint System -

(use of harness, suitable attachments, anchorage line that does not allow a person into a fall position):

- will have an adequate anchorage(s) to withstand potential loadings;
- will enable personnel to attach to the system prior to being in a position where they could fall;
- will not come into contact with anything that could affect the integrity of the system; and
- if it is a fixed/permanent system – inspection records have been reviewed and are current (Yes / NA).

Fall arrest system –

(use of a harness, lanyard assembly/shock absorbing device, anchorage, in a potential fall position):

- will have an adequate anchorage(s) to withstand potential loadings
- will enable personnel to attach to the system prior to being in a position where they could fall;
- will not come into contact with anything that could affect the integrity of the system;
- will consist of a device (shock absorbing device) to ensure that no greater than 6kN of force could be applied to a falling person;
- will allow enough fall clearance for those who may fall, once force has been applied to all system components;
- if it is a fixed/permanent system – inspection records have been reviewed and are current (Yes / NA);
- will enable a rescue/retrieval method to be implemented (provide details below).

Other Specific Work Method Requirements

 NA (Not Applicable)

Description:

Yes	NA	Attach:
		A specific work procedure or work method statement supplied by the contractor.

An industrial rope access system will be implemented by a specialist contracted party

An industrial safety net will be erected by a specialist contracted party

Rescue / Retrieval Considerations:

 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:

Falling Object & Other Precautions

 NA (Not Applicable)

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)

Permit Request:

This acknowledgement signifies a formal request to commence height access / works. As the person requesting this permit, I hereby certify that:

- I am competent to coordinate this height access / work in accordance with the previous Risk Assessment & Access Permit details;
- I shall undertake to implement all planned and necessary controls to ensure safe access / work at heights; and
- I shall monitor access and work at height hazards and control methods throughout the access / work.

Name:	Signature:	Date:	Time:
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Bayleys Property Management Authorisation:

This Bayleys Property Management Authorisation signifies that the planning component of the 5.04 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:
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THIS PERMIT IS VALID UNTIL: (Date:)

Section 3 – Implementation

Height Access Authorisation *(Work Coordinator in Direct Control):*
 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.

Constraints: *This Authorisation is valid until the following occurs, or the date and time shown:*

- 1.
- 2.

I confirm that all controls as above are in place And all workers understand the requirements of this permit.

Supervisor Name:	<input style="width: 95%;" type="text"/>	Contact No	<input style="width: 95%;" type="text"/>
Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>

Section 4 – Work Completion

I have inspected the worksite.
I am satisfied that the work is complete, all equipment removed and the site safe.

Supervisor Name:	<input style="width: 95%;" type="text"/>		
Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>