



**Permit information and conditions**

**Can the task be undertaken at ground level?**

A Work at Heights Permit is required whenever there is a potential for a person to fall. Exceptions may include:

- A task undertaken on a structure (including stairs, fixed ladders, ramps and balconies) that comply with AS1657 and applicable Building Regulations.
- Where a risk assessment has previously been completed and a Standard Operating Procedure written.

**Permit conditions**

- 1 Only an 'authorised' Permit Authority can issue the permit.
- 2 Permit Authority must be satisfied that work is performed according to the Permit (e.g. appropriate level of supervision) and the area made safe on completion.
- 3 Only an 'authorised' Permit Authority can close the permit.

Company (if applicable) \_\_\_\_\_ Work Request / Project number \_\_\_\_\_

**Individual(s) involved**

**LA TROBE UNIVERSITY USE ONLY: Approval (Authorised Permit Authority)**

Name _____	Signature _____
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Time _____ am _____ pm

**Person(s) undertaking work** (Permit Holder). Note: Additional Person(s) undertaking work to be listed overleaf.  
I acknowledge that I have been consulted on the work to be performed and agree to comply with the controls stated on the permit.

Name \_\_\_\_\_ Signature \_\_\_\_\_

**Stand-by / Spotter** Yes No NA

Name \_\_\_\_\_ Signature \_\_\_\_\_

**Work details**

Location of work (one specific location) \_\_\_\_\_

Description of work to be performed (brief) \_\_\_\_\_

Equipment to be used \_\_\_\_\_

- SWMS completed and controls identified (refer overleaf)
- Controls discussed with each person undertaking the work

**Isolation required** (please tick)

- Water    Steam    Gas    Electricity    Comp air    Mechanical    Smoke or Flame detectors    Sprinkler system

Other \_\_\_\_\_

**Frequency of supervision** (please choose one)

- Constant    10 minute    30 minute    Hourly    2 hourly    Start and finish    Other \_\_\_\_\_

**Emergency controls**

In the event of an emergency, define **rescue plan** and/or **action required** and/or **who should be contacted** (include contact telephone numbers)

\_\_\_\_\_  
Note: What is the method of communication? \_\_\_\_\_

What will be the retrieval method? \_\_\_\_\_

Have you practiced a dry run? Yes No **If no**, explain why \_\_\_\_\_

Police, Fire and Ambulance 000 LTU Emergency Campus Security 03 9479 2222.

**Permit validity**

This permit is only valid today / /  from \_\_\_\_\_ am \_\_\_\_\_ pm to \_\_\_\_\_ am \_\_\_\_\_ pm

**Permit closure**

Has the work been completed?    Yes    No

Has the work area been made safe?    Yes    No    **If no**, please detail the issues outstanding and the action to be taken.

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Permit Holder name

Signature

Date   /   /    Time                  am    pm**LA TROBE UNIVERSITY USE ONLY: Permit Authority closing this permit**Note: For work continuing into a new shift (with different people), or into the next day, **a new permit is to be written**. This will ensure that an appropriate inspection is made prior to work continuing and that personnel signing on to the permit are made aware of the hazards and the controls in place.

Name

Signature

Date   /   /    Time                  am    pm

Hazard identificatio	Is there a risk?	Controls implemented (please tick)
<b>Falls from Heights</b>		<b>Relocation of work to ground level</b>
From an unguarded edge	Yes No NA	Complete some/all of the work at ground level
Through a fragile surface or penetrations	Yes No NA	<b>Passive fall prevention device</b>
Through the ceiling structure	Yes No NA	Scaffolding
Down a sloping surface	Yes No NA	Elevated work platforms (e.g. scissor lift, knuckle boom)
Off a ladder	Yes No NA	Temporary guard/hand rails
While working above handrails	Yes No NA	Equipment is right for the task
Caused by overloading capacity of surface	Yes No NA	Equipment inspected and in good/safe working condition
From high winds	Yes No NA	Operator has appropriate training
Due to a wet or slippery surface	Yes No NA	Operator is familiar with controls and load limitations
From an electrical shock	Yes No NA	Overhead obstructions removed, isolated or administratively controlled (e.g. spotter)
Due to damaged equipment (e.g. lanyards, harness, static lines)	Yes No NA	Harness (fitted correctly) and anchorage point in good condition
Resulting in a pendulum effect	Yes No NA	<b>Work positioning system</b>
From being accidentally knocked or pushed	Yes No NA	<b>Note:</b> Only workers trained in the safe use of work positioning equipment are to use the equipment
<b>Note:</b> Fall hazard controls to be implemented in accordance with the following hierarchy: <b>1</b> The work should be done at ground level <b>2</b> The work should be done from a passive fall prevention device (e.g. scaffolding, elevated work platform, temporary hand rails, step platform) <b>3</b> The work should be done using a work positioning system (e.g. travel restraint, rope access system) <b>4</b> The work should be done using fall injury prevention systems (e.g. fall arrest, safety net) <b>5</b> The work should be done using a fixed or portable ladder (as per code of practice)		Industrial rope access system
		Travel restraint system
		Anchorage points are in good condition and appropriate for task
		<b>Fall injury prevention systems</b>
		<b>Note:</b> Only workers trained in the safe use of harnesses are to wear the equipment
		Safety harness with fall arrest equipment (as per AS1891)
		Anchorage points are in good condition and appropriate for task
		<b>Ladders</b>
		Appropriate for the task to be undertaken
		Is in sound condition
		Appropriate for the duration of the task
		Is set up in the correct manner, secured
		Load rating permanently marked in a prominent location
		<b>Ladder – do nots</b>
		Do not climb/work in a manner that involves facing away from the ladder
		Do not stand on a rung closer than 900 mm from the top of a single or extension ladder
		Do not carry out work that involves restricted vision or Hot Works (e.g. welding)
		Do not use any equipment or tool that is designed to be operated with two hands
<b>Other hazards</b>		<b>Work Environment and PPE</b>
Dropping equipment, materials, tools onto people below	Yes No NA	Signage displayed highlighting the presence of overhead work
Dropping equipment, materials, tools onto food processes below	Yes No NA	Witches hats/barricades installed below work area
Tripping from uneven surface or ground level obstructions	Yes No NA	Tools and materials secured during the work
Strains from handling heavy or awkward loads	Yes No NA	Area tidied
Foreign object in eye	Yes No NA	Eye Protection
Excessive noise levels	Yes No NA	Hearing Protection
Handling sharp objects	Yes No NA	Gloves
Lifting heavy weights	Yes No NA	Non-slip boots
High temperatures	Yes No NA	Safety helmets/headwear (with chin strap)
High UV exposure	Yes No NA	Sunscreen
		Other (define below)

**Other comments**

- Use of knuckle booms/cherry pickers with a telescopic device over 11 metres requires a national certificate of competency (license).
- Construction of scaffolding over 4 metres requires a national certificate of competency (license).

La Trobe University have a strong preference for a licensed operator in **all instances** regardless of the telescopic device length or scaffolding height.

**Additional Person(s) undertaking work**

I acknowledge that I have been consulted on the work to be performed and agree to comply with the controls stated on the permit.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_