



*To Provide our community with
quality health services in a pleasant, caring and safe
environment*

BUILDING AND ENGINEERING SERVICES DEPARTMENT

WORKING AT HEIGHTS PERMIT

Date: / /

Work Location:

Nature of Work to be Performed:

Work Order No.:

ONLY THE WORK LISTED MAY BE DONE

When ever work is carried out at a distance from which a person could fall a distance of 2.0 metres or more,
provision must be made to prevent persons falling.

**Any work being performed within two (2) meters of the edge of a roof requires the use of a safety
Harness and Safety Lines.**

Name of Person Assigned	Name of Organisation

TO BE COMPLETED BY THE PERMIT ISSUER

General Precautions	Y / N		Y / N
Personnel trained/competent to perform task(s)		Crawl boards required?	
Suitable weather conditions – not windy or wet		Safety harness/safety lines required?	
Soft soled high friction shoes worn (roof work only)		Safe access available? (if 'no', list access area)	
Safety observer?		Access:	

Other PPE requirements (specify):

Isolation and tagging requirements (specify):

Barricades, signage, traffic management (specify):

Any other special precautions/conditions (specify):

PERMIT ACCEPTANCE

I have read and will conduct the work required in accordance with this permit.

Name (block letters):	Signature:	Date /Time:

PERMIT APPROVAL (this section **MUST** be signed by an **AUTHORIZED** person before work begins).

Authorized Person:	Signature:	Date / Time:

PERMIT COMPLETION

PERMIT COMPLETION (this section **MUST** be signed by an **AUTHORIZED** person after work is complete)

Authorized Person:	Signature:	Date / Time: