

PERMIT TO WORK - WINDOW CLEANING

PERMIT No:

Persons undertaking this work must comply with all relevant Health & Safety Law and Company's Health & Safety Rules and have provided copies of current Public and Employees' Liability Insurance, and a Method Statement on request. Only the work specified is to be carried out and your work area must be left in a safe and tidy condition at all times.

JOB DETAILS	LIST TOOLS /EQUIPMENT TO BE USED Faulty tools and equipment must not be brought onto site.
STATE LOCATION OF WORK Cite any known hazards at this location and ensure risks are reduced, in line with the assessment questions below:	LIST Personal Protective Equipment REQUIRED?

This RISK ASSESSMENT is to be carried out immediately prior to the start of work as reasonably practicable
ALL QUESTIONS MUST BE ANSWERED BY DELETING THE ANSWER THAT DOES NOT APPLY

1	Are you qualified /trained to undertake this work?	YES	NO
2	Are weather conditions acceptable?	YES	NO
IF 'YES' PROCEED TO Q3 IF 'NO' WORK CANNOT PROCEED			
3	Is the cleaning to take place no higher than 30ft (10mts).	YES	NO
4	Is the ladder adequately secured, i.e. lashed and footed for all work above 10mts?	YES	NO
5	Is there adequate distance between ladders and any overhead cables?	YES	NO
6	Is the Facade of the building strong enough to take the point loading imposed by the ladder heads?	YES	NO
7	If using a restraint harness /ropes, have they been checked and are they in good condition?	N/A	YES
8	Are eyebolts or other fixing point secure?	N/A	YES
9	Does the harness conform to BS1397?	N/A	YES
10	If using a cradle, has the equipment been examined to secure that deterioration has not taken place due to corrosion or mechanical failure?	N/A	YES
11	Does the area need to be cordoned off /warning signs placed below the work area?	YES	NO

IF QUESTIONS 3 - 13 ARE ANSWERED 'YES' YOU MUST ENSURE THAT THIS IS PROPERLY CARRIED OUT /MADE SAFE BEFORE COMMENCING WORK

Number in Team: IS IT SAFE TO WORK ALONE ON THIS JOB? YES / NO? (delete as appropriate)

IF IT IS NOT DECLARED SAFE TO WORK ALONE, YOU MUST NOT DO SO AT ANY TIME

PERSON IN CHARGE: "I confirm that I have verified the job detailed on this form and ensured that all necessary precautions have been taken. The work will be undertaken in a safe manner. All risks and precautionary measures have been explained to all workers involved. I accept responsibility for carrying out this work."

Print Name: Position: Signature:

Company: Company Tel No:

PERSON AUTHORISING WORK: "This permit will be issued on the understanding that all agreed safe systems of work will be adhered to and that any risk or hazard shall be maintained at a level as low as reasonably practicable."

Print Name: Position: Signature:

VALIDITY PERIOD

Time	Date	Time	Date
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PERMIT VALID FROM:

PERMIT VALID TO:

PERSON IN CHARGE: "I confirm that the work is **COMPLETED /INCOMPLETE** "(delete as appropriate)
 "I have checked the work and confirm the work area is left in a safe and tidy condition."

Print Name: Position: Signature:

PERSON AUTHORISING WORK: "I have inspected the work. I confirm that it is **COMPLETED /INCOMPLETE** "(delete as appropriate)
 "The work area is left in a safe and tidy condition."

Permit Cancelled At: (Time) ON: (Date) BY:

Print Name: Position: Signature:

HANDBACK AND CANCELLATION OF PERMIT, CONFIRM ALL SERVICES HAVE BEEN RESTORED? ☐