WC	DRKING AT HEIGHTS PERMIT TO WO	RK -	lob Details:		Permit No:	
- On	ly the work specified and agreed should be carried	out				(()
- Work area should be left in a safe and tidy condition at all times						
- Work should be done in line with all relevant Health and Safety						
legislation and the company's own Health and Safety guidelines						
- Copies of current Public and Employees' Liability Insurance and a			Location of work:			
Method Statement should be attached to the permit						
Prov	ride list of equipment, tools and PPE (Personal Prote	ective				
Equi	pment) required to complete job:		List known hazards at this location:			
	* Faulty equipment must not be brought on si	ite *	* Ensure risks	are reduced	in line with your assess	sment *
Detail who could be affected by work? Tick to confirm all those potentially at						
			notifie	ed before sta	rting work?	
	This Risk Assessment is to be carried out as	immediately n	rior to the start	of work as i	is reasonably practic	ahla
	ALL QUESTIONS MUST BE ANSW					able
1 0		EKED BY DELET	ING THE ANSWE	K INAI DU		No
	re you trained / qualified to carry out the work? re the weather conditons acceptable?				Yes	No
Z. Ar		-l +- 02 IS NO			Yes	No
2 1	·	a to Q2 - IT NO	work cannot pro	oceea		A.1
	re appropriate signs to be erected?				Yes	No
	area to be barricaded?		-		Yes	No
5. Are crawl-boards with handrails and roofing ladders to be used?					Yes	No
6. Is scaffolding and / or harnesses required? If YES, confirm that they are in place and checked:					Yes	No
7. Are there any ducts or outlets on the roof?					Yes	No
8. Any risks from fumes? If YES, state risk reduction measures in place:					Yes	No
O to those any viels from falling phicate? If VEC state viels reduction measures in place.						
9. Is there any risk from falling objects? If YES, state risk reduction measures in place:					Yes	No
10. Are there any exisiting overhead services crossing or adjacent to proposed working heights?						
If YES, state location:						No
11. Are edge protection / toe boards in place?						
If YES, roof or scaffold?					Yes	No
12. Are guard rails in place?					Yes	No
13. Is a license required for scaffolding? (If YES, a copy must be displayed)					Yes	No
15. 1.	Providing questions 3-13 above			must oncur		110
					e that this is	
properly carried out / made safe before commencing work						
Number If you answered one, is it safe to work alone on this job? In team: If it is not declared safe to work alone, you must not do so at any time					Yes	No
in te	•					
빙	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: PERSON AUTHORISING WORK: "This permit will be issued on the understanding that all agreed safe systems of work will be adhered to that any risk or hazard shall be maintained at a level as low as is reasonably practicable." Print Name: Position: Signature: Signature: Valid from Time: Date: Valid to: Time: Date:						cept
EPT	responsibility for carrying out this work." Print Name:	Position:			Signature:	
ACC	Fillit Name.	OSILIOII.			Signature.	
<u>જ</u>	Company:		Tel No:			
ō	PERSON AUTHORISING WORK: "This permit will be issued on the understanding that all agreed safe systems of work will be adhered to an					red to and
SAT	that any risk or hazard shall be maintained at a level as low as is reasonably practicable."					ica to ana
ORI		osition:	, , ,		Signature:	
Ĕ.						
AL	Valid from Time:	Date:	Valid to:	Гime:	Date:	
	PERSON IN CHARGE: "I confirm that the work is COMPLETE / PARTIALLY COMPLETE" (delete as appropriate).					
z	"I have checked the work and confirm the work area is left in a safe and tidy condition."					
9E					Signature:	
ILA						
SC	PERSON AUTHORISING WORK: "I have inspected the work. I confirm that it is COMPLETE / PARTIALLY COMPLETE (delete as appropriate) and					
S	that the work area is left in a safe and tidy condition." Permit cancelled at: Cancelled by: Position: Signature				Signature:	
Time Cancelled at. Cancelled by.						
3AC	Time:					
HANDBACK & CANCELLATION	Date:					
HAH	TICK TO CONFIRM CANCELLED	PERMIT HAN	DED BACK AND	ALL SERVI	CES RESTORED?	RRR

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