Al Qana Property Management

WORKING AT HEIGHT PERMIT	Permit No.: (Concern Department)

Working at Heights is defined as where a person is working within 2 meters of an unprotected edge which exposes them to a fall of 1.8 meters or more.

SECTION 1 – Specification of Work (Filled by Responsible Person/ Activity Engineer or Supervisor)

Location of Work:		(Attach drawing)
Description of Work:		
Method Statement / Risk Assessment No.:		
Date:	Time:	Duration: Hrs

SECTION 2 – Performance of Work (Filled by Responsible Person/ Activity Engineer or Supervisor)
(Use These Questions When Assessing the Risks – Use N/A if Not Applicable)

Questions	*Response*	Action
Can risk be **eliminated**? E.g. Can work be done without working at heights?	☐ YES ☐ NO	
Can risk be **isolated** by erection of temporary barrier?	☐ YES ☐ NO	
Can **Engineering** controls be applied, secure platform, scaffolding, elevated work platforms (EWP)?	☐ YES ☐ NO	
Are personnel trained and competent?	☐ YES ☐ NO	
Any other hazards in the area?	☐ YES ☐ NO	

Ensure All Necessary Control Measures Are In Place – If The Answer is "NO" the Permit Shall Not Be Authorized Until Satisfactory Completion of Corrective Actions

General	YES	NO		YES	NO
Can part of the job be performed at ground level?			Can people be excluded from the fall risk area?		
Will persons be kept more than 2m from unprotected edge?			Are alternative walkways and emergency Egress /exit routes identified?		
Is barricading and signage required?			All trip hazards identified and controlled?		
Equipment suitable for task?			Are tools fitted with a lanyard?		
Is there a potential for objects to fall from height? • Tools fitted with lanyards • Debris nets • Screened scaffolding?			Can objects be prevented from striking people? • NO GO ZONES • Overhead protection		
People trained in equipment use?			Do all persons involved have a helmet chin strap attached?		
1. Roof Work	YES	NO			
No brittle roof to be walked on					
Edge protection?					
Sky lights?					
Netting?					
Special conditions					
2. Fall restraint/arrest	YES	NO	**3. Life Line Use**	YES	NO
Have fall restraint and fall arrest differences been properly identified and suitable equipment selected?			Has been installed by competent person? Name:		
Equipment in good condition inspected and tagged?			Only × 2 persons / life line?		
Have the working at heights equipment requirements been identified?					
If inertia reels are required are attachment points located Overhead and properly placed and secured?					
Are anchor points suitable, anchor points inspected and serviceable?					
Is rescue available for a suspected person who may fall in a harness?					

4. Additional Checks Required / Completed	YES	NO		YES	NO
Task Light (Applicable only if night work)			Life Line is available		
Edge Protection			Barrication		
Floor Opening			Signages		
Access			Anchor points, fall arrest equipment's		

Additional comments:

SECTION 3 – Authorization To Work

(Requested by Responsible Person/ Activity Engineer or Supervisor – Approved by Section Engineer – Reviewed by Issuing

I accept this Permit, agree to be bound by the conditions detailed above and the associated procedure(s), and accept responsibility as the person directly in charge of the work.
I have read the Activity Method Statement & Risk Assessment and Procedure, prepared the JSTI and communicated it to my crew, and have observed the risk controls in place.

Responsible Person (Activity Engineer/Supervisor)		**Signature:**		**Date:**	/ /
				Time:	
				Time:	
Reviewed by Issuing Authority		**Signature:**		**Date:**	/ /
				Time:	

SECTION 4–Personnel/Crew for Working At Height (Sign on the Attached Sheet – Refer to Last Page)

SECTION 5 – Permit Revalidation

	Name	Date	Time	Signature		Name	Date	Time	Signature
RP					RP				
Issuing Authority					Issuing Authority				
	Name	**Date**	**Time**	**Signature**		**Name**	**Date**	**Time**	**Signature**
RP					RP				
Issuing Authority					Issuing Authority				
	Name	**Date**	**Time**	**Signature**		**Name**	**Date**	**Time**	**Signature**
RP					RP				
Issuing Authority					Issuing Authority				
	Name	**Date**	**Time**	**Signature**					
RP									
Issuing Authority									

SECTION 6 – Completion, Suspension or Cancellation of Work *Please TICK the appropriate response:*

All work associated with this Working at Heights Permit has been:	☐ **COMPLETED** ☐ **CANCELLED** ☐ **SUSPENDED**
The work area and adjacent areas have been inspected after completion of the work and all hazards have been made safe:	☐ YES ☐ NO

Additional comments: ……
……

Responsible Person:	***Signature:***	***Date of completion:***	***Time:***

SECTION 4 – Attachment (Personnel/Crew for Working at Height Signatures)

I am competent to undertake & supervise the work at height &this task; I do not suffer from any condition that may impede my ability to work at height safety. E.g. (vertigo, epilepsy). I assure that below nominated crews are under gone work at height training and fully aware of Work at Height procedures and hazards.

NOTE: ANY ADDITIONAL CREWS/PERSONNEL SHALL BE LISTED TO AN ADDITIONAL LIST (TO BE ATTACHED TO THIS FORM).

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