

WORKING AT HEIGHT PERMIT						PERMIT NUMBER			
Person in Charge:			Company Name:			Tel No:			
PTW Start Date:			PTW Start Time:		PTW End Date:		PTW End Time:		
1 Location and Work Activity details									
2. Documents provided by Authorised Person to Person in Charge (where applicable)									
<input type="checkbox"/> Form H2 – Database		<input type="checkbox"/> Form H3 – Register of Hazards		<input type="checkbox"/> Form H8 – Serious Fault Notice		<input type="checkbox"/> Inspection Certificate (Masts/ towers/ fixed accessways)			
3 Supporting Documents Attached									
Risk Assessment		Method Statement		Rescue Plan		Weather Check		RF Isolations	
Risk Assessment – Suitable & Sufficient				Yes / No		Method Statement		Yes / No	
Rescue Plan – Suitable & Sufficient				Yes / No		Emergency Services No			
4 Access Equipment to be used									
Fixed Ladders / Masts / Towers		Tower Scaffolding / Fixed Scaffolding		MEWP / Cherry Picker / Mobile Boom					
Portable Ladders		Mansafe Restraint / Fall Arrest		Others					
5 Training Certificates Checked									
Advanced Climber / Occasional Climber / IRATA / Steeplejack		Scaffolding Training		MEWP / Cherry Picker / Mobile Boom Training					
Portable Ladder Training		Harness Training		Others					
6 Confirmation Signatures									
Risk Assessment Ref:			Method Statement Ref:						
Acceptance by ALL Competent Persons involved in the works: ALL PERSONS WHO ARE PART OF THE CLIMBING / ACCESS TEAM <u>MUST</u> SIGN ON TO THE PERMIT TO WORK									
I understand the work that is to be carried out and the safety precautions that are necessary to complete the work safely as outlined in the Risk Assessment and Method Statement. I am medically fit to undertake these works today.									
Name of person carrying out works		Post		Sign / date					
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Issue by Authorised Person

I hereby authorise the works specified to be undertaken on the dates / times stated and I have checked the safety arrangements and confirm that they adhere to this Permit and are adequate

Name of Authorised Person:		Signature:	
Date Authorised:		Telephone Number:	

Receipt by Person In Charge

I accept responsibility for carrying out / supervising the work identified in this permit this in accordance with the risk assessment and method statement provided.

Name of Person in Charge:		Signature:	
Date:		Telephone Number:	

Permit Completion by Person in Charge

I declare that the work described in this permit has been satisfactorily **completed*** / **stopped*** (*Delete as appropriate)
Comments in box at bottom of page if required

Name of Person in Charge:		Signature:	
Date work completed:		Time work completed:	

Permit Cancellation by Authorised Person

I declare that the work described in this permit has been satisfactorily **completed*** / **stopped*** (*Delete as appropriate)
Comment in box at bottom of page if required

Acceptance of Completion by Authorised Person:		Signature:	
Date Permit Cancelled:		Time Permit Cancelled:	

Additional Comments: