



Permit to Work Form – Working at Height / Over the Side



PERMIT NUMBER:

WORKING AT HEIGHT / OVER THE SIDE PERMIT

Task to be performed:

Person(s) to work aloft / over the side:

Date of job:

How long will job take:

Describe how the task will be carried out:

How is access to height / over the side gained?

CHECK & DELETE**Emergency Contact Numbers:**

Y

N

1. Is work at this height / over the side required?

2. Are all surfaces capable of supporting worker(s) weight(s)?

3. The person(s) will work from a fully completed approved scaffolding or approved man cage?

4. Is the correct fall arrest equipment available?

5. Is there a slip hazard associated with the height?

Detail slip hazard:

6. Are approved buoyancy rings/vests and lifejackets available for person(s) working over the side?

7. Are secure anchor point(s) available?

Describe anchors and location:

8. Does the party consist of at least two (2) persons, one of whom will be stationed nearby to render assistance or raise alarm should this become necessary?

9. If work requires the use of a dingy, is the person qualified to handle the craft?

10. Work at height / over the side will be carried out in daylight hours only?

** If no, a JHA shall be performed*

11. Are weather conditions appropriate for the work to be completed?

REQUEST AND APPROVAL SIGNATURES

I acknowledge that it is my responsibility to ensure that all persons engaged in this work, whether employed directly or on sub contract execute their duties in a safe manner in accordance with the requirements of this permit.

Permit Holder:

Time:

Date:

Signature:

I have checked that the above information is correct and that all precautions and procedures have been put in place.

Works Supervisor:

Time:

Date:

Signature:

Operations Manager:

Time:

Date:

Signature:

WORK COMPLETED

All work associated with this Permit is complete and safe and no further work is permitted.

Permit Holder:

Time:

Date:

Signature:

I accept that the work as defined has been completed satisfactorily.

Works Supervisor:

Time:

Date:

Signature:

Operations Manager:

Time:

Date:

Signature: