

WORK AT HEIGHT PERMIT

PERMIT DETAILS

Permit Number

Date Issued

Start Date and Time

End Date and Time

Location/Work Area

WORKER DETAILS

Name

Worker ID

Gender

Skillset

WORK AT HEIGHT ACTIVITY DESCRIPTION

RISK ASSESSMENT

Has a risk assessment been conducted for the work at height activity?

YES

No

DECLARATION

I hereby declare that I have:

1. Conducted a thorough inspection of the work area and identified potential hazards.	<input type="checkbox"/> YES	<input type="checkbox"/> No
2. Ensured all necessary precautions have been taken to mitigate risks associated with work at height.	<input type="checkbox"/> YES	<input type="checkbox"/> No
3. Verified that all personnel involved in the work at height activity have received appropriate training and possess the required skills.	<input type="checkbox"/> YES	<input type="checkbox"/> No
4. Confirmed that all relevant permits, licenses, and authorizations have been obtained.	<input type="checkbox"/> YES	<input type="checkbox"/> No
5. Verified that the work area is free from any potential hazards or risks associated with work at height activities.	<input type="checkbox"/> YES	<input type="checkbox"/> No
6. Ensured proper isolation of the work area from unauthorized personnel.	<input type="checkbox"/> YES	<input type="checkbox"/> No

<p>7. Provided workers with appropriate personal protective equipment (PPE).</p> <p>PPE Checklist:</p> <p><input type="checkbox"/> Safety harness</p> <p><input type="checkbox"/> Safety helmet</p> <p><input type="checkbox"/> Safety footwear</p> <p><input type="checkbox"/> Safety glasses/goggles</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Other (specify) <input type="text"/></p>		
<p>8. Established a communication plan for emergencies.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>9. Conducted a final inspection before authorizing the work at height activity.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>10. Communicated all necessary safety precautions to workers.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>11. Confirmed that appropriate fall protection measures are in place, such as guardrails, safety nets, or personal fall arrest systems.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>12. Verified that workers are aware of the proper procedures for inspecting and using work at height equipment, such as ladders, scaffolds, or elevated platforms.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>13. Ensured that workers are trained in the use of fall protection equipment and techniques.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>14. Implemented a permit-to-work system.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>15. Verified that workers have received proper training on work at height safety.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No
<p>16. Established and communicated an emergency response plan.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> No

DECLARATION

I hereby declare that all necessary precautions and safety measures have been taken, and I understand and accept the responsibility for the safe execution of the work at height activity described above.

Name, signature and date:

Approver 1

Approver 2

Approver 3