

PERMIT HOLDER	00001	Ref. WP #	Permit Holder	Permit Date
	Other Permit Forms: <input type="checkbox"/> Hot Work		<input type="checkbox"/> Confined Space Entry <input type="checkbox"/> RESCUE PLAN	<input type="checkbox"/> Excavation <input type="checkbox"/> Isolation LOTO
	<input type="checkbox"/> Lifting & Rigging <input type="checkbox"/> Supporting Doc's: _____		Estimated Time of Completion _____	
Work Location / Equipment ID: _____ Specific work & WAH Equipment description: _____				
Training Verification				
Everybody performing WAH has Training Qualification NZQA23229/17600 <input type="checkbox"/> EWP - Boom-Lift NZQA23962 <input type="checkbox"/> EWP - Trailer Mounted NZQA23963 <input type="checkbox"/> Forklift NZQA18496 /Man-Cage NZQA18409 <input type="checkbox"/> EWP - Scissor-lift NZQA23960 <input type="checkbox"/> QUALIFIED Scaffolder <input type="checkbox"/> Other: _____				
Control Measures				
Permit Issuer to ✓ Check required controls below and then initial for approval once controls are in place CROSS OUT LINE IF N/A				
Req'd Confirmed <input type="checkbox"/> _____ Is there a rescue plan, equipment, and Standby Person in place? Name of Standby Person: _____ <input type="checkbox"/> _____ Weather Checked - MAX. Wind speeds <12.5m/second (45km/hr) <input type="checkbox"/> _____ Identified any overhead electrical cables or hazards <input type="checkbox"/> _____ Has the structural integrity of the roof/s been verified for loading. Identify Skylight/brittle surfaces <input type="checkbox"/> _____ Exclusion zone barricades - warning signs in place				
PERMIT ISSUER SECTION	Harness use		Erecting Scaffold or break-down	
	Req'd Confirmed <input type="checkbox"/> _____ Harness/equipment inspected & deemed fit for use <i>NOTE: Daily visual and 6 monthly certification</i> <input type="checkbox"/> _____ Are harnesses being worn correctly <input type="checkbox"/> _____ Confirm anchor point adequate for the load		Req'd Confirmed <input type="checkbox"/> _____ Scaffolding to be built by a Qualified scaffolder <input type="checkbox"/> _____ Verify a firm foundation - Sole-boards & Base-plates <input type="checkbox"/> _____ Engineering sign off required?	
	Elevated Work Platform use (EWP)		Working from Scaffold	
	Req'd Confirmed <input type="checkbox"/> _____ Machinery inspected and deemed fit for use <input type="checkbox"/> _____ Log book checked and completed DAILY <input type="checkbox"/> _____ EWP being operated within load limits: SWL: _____ <input type="checkbox"/> _____ Anchor points available (reject equipment if not available) <input type="checkbox"/> _____ Is the area safe to operate the EWP <input type="checkbox"/> _____ Is the ground able to support the weight of the EWP <input type="checkbox"/> _____ Ground controls tested/trial rescue Date done: _____ <i>NOTE: Trial rescue to be completed by safety watch</i> <input type="checkbox"/> _____ Levelling devices functional and being used if required		Req'd Confirmed <input type="checkbox"/> _____ Scaffold equipped with a safety tag to identify status <input type="checkbox"/> _____ Scaffold decks fully planked ≤50mm gaps <input type="checkbox"/> _____ Maximum wall gap spacing 300mm (no handrail or kick-rail) <input type="checkbox"/> _____ Access tower has trap-doors for internal ladders/stairs <input type="checkbox"/> _____ NO works on scaffold following severe weather until checked <input type="checkbox"/> _____ Workers to remain within the confines of the scaffold <input type="checkbox"/> _____ Verify all guardrails and kick-boards are in place and secure <input type="checkbox"/> _____ NO modifications - unless by a qualified scaffolder <input type="checkbox"/> _____ Mobile Scaffold - All castors must be lock-able <input type="checkbox"/> _____ Mobile Scaffold - Not to be moved with people on board	
	Ladder use - Max. 15 minutes of works		Crane - Man-cage *NON-Preferred Method**	
	Req'd Confirmed <input type="checkbox"/> _____ Is the ladder of correct standard and condition <input type="checkbox"/> _____ Is the ladder on a secure footing & tied off to prevent sliding, or a standby person holding secure <input type="checkbox"/> _____ Workers facing the ladder, with 3 points of contact at all times <input type="checkbox"/> _____ Non-conductive ladders to be used near electrical equipment		Req'd Confirmed <input type="checkbox"/> _____ Approval from HSE team & WorkSafe guidelines reviewed <i>NOTE: Refer to Worksafe Approved COP for cranes Section 17</i> <input type="checkbox"/> _____ Is the ground safe to operate the crane - Services/lift plan <input type="checkbox"/> _____ Crane/equipment certificates verified and fit-for-purpose <input type="checkbox"/> _____ Perform a test-load with man-cage: SWL: _____	
WAH CERTIFICATE - APPROVAL TO START WORKS				
The person undertaking this work acknowledges that the job will be completed in accordance with the controls listed above and the Z Life Savers. All works will be completed in a safe manner and the Permit Issuer will be informed immediately if conditions change in the work site or an incident or near miss of any severity occurs. Re-validate this work on the WP if work has stopped or as directed by the Permit Issuer.				
Signature below confirms I fully understand and will comply, enforce and meet all conditions / requirements set out in this permit and documents				
Permit Holder:		Signature:		Date:
				Time:
The signature below confirms all requirements and conditions / controls of this permit are in place and the task can be performed safely.				
Permit Issuer:		Signature:		Date:
				Time:
CLOSE OUT	WORK AT HEIGHT - CLOSE OUT			
	The signature below acknowledges Work Permit closure . Work completed, site left in a safe condition, in accordance with facility requirements.			
	Permit Holder:		Signature:	
				Time:
The signature below acknowledges the work permit closure . The work has been completed and the site has been left in a safe condition				
Permit Issuer:		Signature:		Date:
				Time: