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| ALL PERSONNEL UNDERTAKING WORK AT HEIGHT FOR PILBARA PORTS ARE REQUIRED TO COMPLY WITH PILBARA PORTS [FALL PREVENTION PROCEDURE (A376898).PDF](Fall%20Prevention%20Procedure) |
| **GENERAL**  |
| **Date**  |  | **Permit / Work Order No.** |  |
| **Company**  |  | **Location of Work** |  |
| **Contact Person** |  | **Phone** |  |
| **expected duration of work (maximum 7 Shifts)** |
| **Start Date** |  | **Time** |  | **End Date** |  | **Time** |  |
| **Description of work**  |
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| **permit holder safety checklist** | **Yes** | **N/A** |
| Approved risk assessment has been completed for this work, is understood by persons involved in the task |[ ]   |
| All personnel are trained and competent to work at height / operate equipment | [ ]  |  |
| All required isolations have been implemented and signed off | [ ]  | [ ]  |
| Other work groups in the area have been advised of the work to be undertaken | [ ]  | [ ]  |
| Drop zone has been erected with consideration for deflection of items off structures | [ ]  | [ ]  |
| Spotter assigned and duties explained |[ ]   |
| Response plan is established, attached to permit, and understood by persons involved in the work | [ ]  |  |
| Where work is being conducted in close proximity of high voltage lines Pilbara Ports High Voltage Procedure has been consulted  | [ ]  | [ ]  |
| Are you working within the vicinity of a radiation source | [ ]  | [ ]  |
| Pre-start inspection of the mobile work platform has been conducted | [ ]  | [ ]  |
| Alternative access has been considered (e.g., scaffold, fixed platform etc) | [ ]  |  |
| All fall injury prevention systems have been considered (e.g., fall restraint, fall arrest etc.) | [ ]  |  |
| **ResPONSE Plan** |
| The following rescue equipment must be worn by persons working at height (answer must be selected) [ ]  Harness [ ]  Other (Please provide detail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rescue equipment is required to be (tick if required) [ ]  Set up prior to work commencing [ ]  Available in the vicinity of the work area (state exact location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Available at other location (state exact location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  N/A |
| Response Team Requirements (number of team members required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **raise the alarm (cross out n/A contacts)** |
| In the event of emergency while working at height the alarm must be raised by: |
| Calling Emergency Services to attend the scene | **000** |
| Calling Security to respond and provided initial treatment | **Utah Point – 9173 8911****East Side – 9173 9043****Dampier– 9159 6584Ashburton – 9181 3601**  |
| Calling the Task Supervisor to mobilise local response personnel  | **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Calling the Vessel Traffic Services Centre to inform them of action taken and further response required | **Port Hedland VTSC – 24 hours****(08) 9173 9030, 0438 303 708, 0427 842 740 or VHF Radio CH12 / CH16****Dampier / Ashburton VTSC – 24 hours****(08) 9159 6556, 0428 888 800 or VHF Radio (Dampier Only) CH11 / CH16** |
| **Response Method** |
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| **Permit approval** |
| The risk control measures for the working at height have been implemented and all persons involved in the working at height understand the requirements of this written authority. I am aware of my responsibilities and will complete all duties required as the Permit Holder or Permit Authoriser. |
| **Permit Holder Name** |  | **Signature** |  |
| **Date**  |  | **Time** |  |
| **Permit Authoriser** |  | **Signature** |  |
| **Date** |  | **Time** |  |
| **permit holder Transfer** |
| I am aware of my responsibilities and will complete all duties required as the Permit Holder. |
| **Name** | **Date** | **Time On** | **Signature** |
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| **WORKING AT HEIGHT PERMIT RETURN** |
| **The work outlined in the permit was** | [ ]  Cancelled  | [ ]  Not Completed  | [ ]  Completed |
| **All persons, equipment and materials are removed from the work area** | [ ]  Yes | [ ]  No |
| **Permit Holder Name** |  | **Signature** |  |
| **Date**  |  | **Time** |  |

**PLEASE TURN OVER PAGE FOR WORKING AT HEIGHT LOG AND SPOTTER LOG.**

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| Working at height log |
| I am aware of my responsibilities and will complete all duties as listed on this permit, the attached risk assessment and response plan. |
| **Name** | **Date**  | **Time On** | **Signature** |
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| **SPOTTER LOG** |
| I am aware of my responsibilities and will complete all duties as listed on this permit, the attached risk assessment and response plan. |
| **Name** | **Date**  | **Time On** | **Signature** |
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# PROCESS OWNER

The Manager Health and Safety is responsible for this form.