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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 6584 Ashburton – 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.