

HSE-GUI-003e WORKING AT HEIGHTS – ROOF PERMIT WORK



Building or maintenance work may be required in areas designated as Confined Space. This permit to work is issued to the nominated recipient for the specific occasion stipulated below:

SECTION 1 - TO BE COMPLETED BY THE PERMIT ISSUER (PERSON AUTHORISING THE PERMIT)			
MEX Work Order No.			
Permit is valid from:	/...../.....	To:/...../.....
Permit issued to:	Organisation/Company:		
	Contact name:		
	Telephone Number:		
Asbestos Licence No. (if applicable):			
Location of works (Campus/Building):			
Reason for and description of works:			

Checklist & Authorisation	Initial
Risk assessment has been carried out and is attached	
Safe Work Method Statement has been produced and is attached	
The Permit Requestor has the correct qualifications/training to undertake the works	
I have examined the area specified and permission is given for the work to start, subject to the conditions hereon	

SECTION 2 - TO BE COMPLETED BY THE PERMIT REQUESTOR (PERSON CARRYING OUT THE WORK)

Checklist & Confirmation	Initial
I have submitted and had approved any additional permitted required (e.g. Confined Space Permit, Fire Isolation)	
I acknowledge that the following Isolations, Safety Precautions, Elevating Work Platforms and Personnel controls are in place	
Isolations (tick as appropriate): <ul style="list-style-type: none"> <input type="checkbox"/> Circuit breaker locked out/fuses withdrawn/isolator locked <input type="checkbox"/> Circuit tested and found to be dead <input type="checkbox"/> Mechanical or physical isolation <input type="checkbox"/> Valves closed/locked off/spades inserted <input type="checkbox"/> Pipelines drained/purged/disconnected/vented to atmosphere <input type="checkbox"/> Isolation procedure attached <input type="checkbox"/> Other (specify): 	
Safety Precautions (tick as appropriate): <ul style="list-style-type: none"> <input type="checkbox"/> Safety harnesses or fall arrests are secured to proper anchorages <input type="checkbox"/> Scaffolding or platforms above 4 meters have been erected and examined by a suitably qualified person <input type="checkbox"/> Requirements for working in ceiling spaces or fragile roofs are addressed e.g. elevated platforms, industrial safety nets <input type="checkbox"/> Persons working or passing below are adequately protected <input type="checkbox"/> Warning signs and barriers erected at ground level 	
Elevating Work Platforms : (tick as appropriate): <ul style="list-style-type: none"> <input type="checkbox"/> Minimum clearance distances can be maintained from power lines <input type="checkbox"/> Operator is trained and familiar with the machine and safety requirements <input type="checkbox"/> The ground surface is even and suitable for operating the machine 	
Personnel controls: <ul style="list-style-type: none"> Maximum number of persons allowed in at one time _____ Maximum time each person allowed in at one stretch _____ Length of rest pauses between stretches _____ Number of watchers _____ 	

NAME:	SIGNATURE:	DATE:
JCU AUTHORISING PERSON:	TITLE:	DATE:

SECTION 3 - TO BE COMPLETED BY THE PERMIT REQUESTOR & PERMIT ISSUER (JCU ED)		
Person Carrying out the work: The permitted work has been completed.		
NAME:	SIGNATURE:	DATE:
Authorising Person: I have inspected the work area and all work has been completed.		
AUTHORISING PERSON:	SIGNATURE:	DATE: