WORKING AT HEIGHTS PERMIT

Green section to be completed by the party undertaking works at heights.

Contractor (Name):		**Contractor (Company):**	
Contractor (Mobile):		**Location:**	
Date(s) of Access:	-	**Time of Access:**	-

Day(s) of Access: Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐

Description of Works:

ISOLATION OF HAZARDS

Pipelines (water, steam, gas, fuel, etc)	Select
Mechanical and/or electrical drives	Select
Traffic flow in work area suspended or controlled	Select
Electrical services	Select
Air-conditioning and exhaust ducting	Select
Warning notices, locks or tags have been fixed to all means of isolation	Select

Other (specify):

FALL PREVENTION MEASURES

Barriers or barricading of work platforms	Select
Use of fall prevention equipment	Select
Inertia reels or lifelines	Select

MEANS OF ACCESS TO WORK AT HEIGHTS

Scaffolding (type):

Height access or reach equipment (type):

Other (specify):

Signature:

Blue section to be completed upon completion of works at height.	
All personnel have been withdrawn from the work area	Select
All tools and equipment have been/not been removed from work area	Select
All work at heights has been completed/suspended	Select
Gates / access doors to be locked to prevent unauthorised access	Select
Work area is left clean and tidy	Select
Signature:	

Yellow Section to be completed **by** *Walker Asset Management*	
Authorising person:	**Position:**
Date:	**Phone:**
Is the relevant SWMS appended:	
Access Approved from:	**Until:**
Signature:	

Please return completed form to the Walker Facilities Management Team.