

Project:	
Site address:	
Date permit issued (valid for one day):	
Activity/task to be undertaken:	
Subcontractor (name):	
Permit completed by (name):	

WAH equipment to be used:	Scaffold (fixed) <input type="checkbox"/> Mobile Scaffold <input type="checkbox"/> MEWPs <input type="checkbox"/> Ladder (short duration) <input type="checkbox"/> Stepladder (short duration) <input type="checkbox"/> Forklift cage <input type="checkbox"/> Man basket <input type="checkbox"/> Podium Other <input type="checkbox"/> Other (state).....		
Number of personnel (approx):			
Working height (approx):			
Risks and hazards identified: <small>(RAMS must be referenced to ensure suitable controls have been applied to eliminate or mitigate risks and hazards identified)</small>	Falling <input type="checkbox"/> Falling materials/tools <input type="checkbox"/> Ground conditions <input type="checkbox"/> Contact with existing services <input type="checkbox"/> Moving plant <input type="checkbox"/> Contact with personnel <input type="checkbox"/> Fragile surfaces <input type="checkbox"/> Other vehicles <input type="checkbox"/> Weather conditions <input type="checkbox"/> Other (state)		
Fall restraint/arrest methods: <small>(harness, inertia reel, fixed lanyards, mansafe system, airbags, netting etc)</small>			
Edge protection: <small>(permanent guardrail, temporary guardrail, toe boards, barriers, parapet etc)</small>			
7 day formal inspection: <small>(Scaffold incl access towers and handrails, plant, fixed structure, ladders)</small>	YES NO	Type.....	Carried out by.....
Hand over certificate required? <small>(Scaffold incl access towers and handrails)</small>	YES NO	Type.....	Issued by.....

The subcontractor and person responsible for the works and named in this Permit is required to ensure detailed RAMS are in place and all information has been communicated to the relevant personnel involved in the WAH operations and activities. Any deviation to the RAMS must be reviewed by Chalcroft, approved and communicated.

Inspections of work at height equipment must be carried out prior to every use including after the relocation of ladders, mobile towers and podiums. This is to ensure it continues to be fit for purpose and all controls to mitigate or eliminate risk are in place (WAH Regulations 2005 Section 12 Paragraph 2).

Work at height must not be carried out where the controls stated within this Permit and the RAMS cannot be met and maintained.

Permit Open

Authorisation (Chalcroft Manager/Supervisor)			
Name (person issuing permit):			
Position:			
Signature:			
Time:		Date:	

Receipt (Person in charge of works)			
<i>I hereby declare that no work other than that stated above will be carried out, and all RAMS and relevant control measures stated will conveyed to the relevant operatives and be adhered to.</i>			
Name (person in charge of work):			
Position:			
Signature:			
Company:			

Permit Close

Cancellation (Person in charge of works)			
<i>I hereby declare that all works defined in this permit have ceased and the work area and all work at height equipment has been left safe and secure.</i>			
Name:			
Signature:			
Time:		Date:	

Cancellation (Chalcroft Manager/Supervisor)			
<i>I hereby declare that the works defined in this permit have ceased and the permit is now closed.</i>			
Name:			
Signature:			
Time:		Date:	