**NTU Hazardous Work at Height (WAH) Permit**

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| **PERMIT TO WORK AT HEIGHTS** |
| **This permit shall be displayed for the duration of the approved task and removed only upon task completion or upon its expiry.****Permit No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as assigned by the Approver) |
| **Part 1 - Application: To be completed by Requestor (WAH Supervisor)** |
| Task Description: |
| WAH Location: |  Task covers multiple locations |
| Start Date: | End Date: |  Task exceeds ONE work shift |
| No. of Workers: | No. of Supervisors: |  |
| **WAH Control Measures** | **Y** | **N** | **NA** | **Remarks** |
| Due considerations given to eliminate WAH tasks? |  |  |  |  |
| Safe means of access and egress provided? |  |  |  |  |
| Edge protection provided wherever there is falling risks? |  |  |  |  |
| Fall prevention equipment used to provide access or work platform? |  |  |  |  |
| Fall prevention equipment are adequate and in good condition? |  |  |  |  |
| Anchorage/lifelines installed and inspected by competent person? |  |  |  |  |
| Travel restraint system used to exclude persons from falling risks? |  |  |  |  |
| All persons subjected to falling risks are equipped with personal fall arrest system? |  |  |  |  |
| All persons are trained to perform work at height? |  |  |  |  |
| Risk assessment has been conducted and communicated to persons doing the task? |  |  |  |  |
| Ladder to be used has been checked to be in good working condition? |  |  |  |  |
| Profession Engineer’s design for anchorage and anchorage line available? |  |  |  |  |
| Others *(please specify)*: |
| I declare that the information provided is accurate and the control measures listed above have been effectively implemented.Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Requestor (WAH Supervisor) Date/Time |
| **Part 2 - Evaluation & Approval: To be completed by Approver** |
| **Assessment of Control Measures & Site Survey** | **Y** | **N** | **NA** | **Remarks** |
| All reasonably practicable measures have been taken and control measures are applicable and effective? |  |  |  |  |
| Verification of necessary documents and/or interviews with relevant persons for the task? |  |  |  |  |
| Site survey with Requestor that all persons on site are protected from falling risks? |  |  |  |  |
| Work area and its surrounding do not pose additional hazards? |  |  |  |  |
| Proper permit-to-work evaluation has been completed? |  |  |  |  |
| No incompatible works that may pose additional hazards? |  |  |  |  |
| Control measures have been implemented effectively? |  |  |  |  |
| Fall from heights risks have been effectively mitigated? |  |  |  |  |
| I have evaluated and am satisfied that all reasonably practicable measures have been taken effectively.I authorise the work at height to the conditions and duration stated in this permit.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name & Signature of Permit Approver Date/Time |
| **Part 3 - Task Commencement: To be completed by Requestor (WAH Supervisor)** |
| I confirmed the following before work commencement: |
|  | I have been briefed by the Approver and understood the precautions to be taken. |
|  | I shall communicate the information and safety precautions to the workers performing the job. |
|  | The permit is only valid for the nature of work, condition of work area and within the specify time period. |
|  | I shall display the permit at the WAH area over the task duration and notify the Approver immediately for any issues. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name & Signature Requestor Date & Time***To be displayed prominently at WAH workplace*** |
| **Part 4 - Task Completion: To be completed by both Requestor & Approver** |
| The WAH task has been: Completed. Suspended due to permit expiry. Terminated due to change in condition. | Date/Time: |
| Remarks: |
| I confirm that the work area has been restored to its original condition and no new hazards have been introduced.Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I certify that the work has been completed with area checked, made safe and necessary housekeeping done.Approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_***Approver to return this completed permit and applicable documentation to the PIC.*** |