**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.*** | | | | | | | |