

Working at Heights Permit (Construction Area)

Permit No.

Enter permit number

Date

Valid From

To

Project / Site

Enter project or site name

Location / Area

Specific location or area

Description of Work

Describe the work to be performed at heights

Person In Charge / Supervisor

Full name

Contact No.

Phone number

Team Members / Employees Involved

Names

Permit Checklist

Checklist Item	Yes	No
Risk assessment completed	<input type="checkbox"/>	<input type="checkbox"/>
Workers trained/competent	<input type="checkbox"/>	<input type="checkbox"/>
Fall protection in place	<input type="checkbox"/>	<input type="checkbox"/>

Tools & equipment inspected	<input type="checkbox"/>	<input type="checkbox"/>
Area barricaded below work	<input type="checkbox"/>	<input type="checkbox"/>
Emergency rescue plan ready	<input type="checkbox"/>	<input type="checkbox"/>

Additional Precautions / Notes

Permit Issuer / Safety Officer

Person In Charge / Supervisor