

Appendix B-2: Sample Permit-to-work (for WAH)

PERMIT TO WORK AT HEIGHTS

Permit No: _____

This permit shall be displayed for the duration of the approved task and removed only upon task completion or upon its expiry.

SECTION 1: APPLICATION (to be completed by Supervisor)

Task Description: _____

Location of WAH: _____

☐ Task covers multiple locations (attach sketch/ map if necessary)

Start/ End Date: _____

☐ Task exceeds one work shift (daily endorsement required)

No. of Workers: _____

No. of Supervisors _____

WAH Control Measures Implemented:

Y N NA

Remarks

Due consideration given to eliminate work at heights tasks.

☐ ☐ ☐

Safe means of access or 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/ lifeline 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 PFAS*.

☐ ☐ ☐

All personnel are adequately trained to perform work at heights.

☐ ☐ ☐

Hazards and risk assessment are conducted and communicated.

☐ ☐ ☐

Others (please specify).

☐ ☐ ☐

* Personal Fall Arrest System

☐ I declare that the information provided is accurate and the control measures listed above have been effectively implemented.

Name/ Designation/ Signature: _____ Date: _____

SECTION 2: EVALUATION (to be completed by Safety Assessor)**Assessment of Control Measures:**

Y N NA

Remarks

All reasonably practicable measures have been taken.

☐ ☐ ☐

Verification of documents/ interview workers/ others.

☐ ☐ ☐**Site Survey with Supervisor:**

All persons on site are protected from falling risks.

☐ ☐ ☐

Surrounding areas do not pose additional hazards.

☐ ☐ ☐**Multiple Locations/ Extended Duration:**

Hazards are common at various locations/ time period.

☐ ☐ ☐

Control measures are applicable and effective.

☐ ☐ ☐☐ I have evaluated the application and am satisfied that all reasonably practicable measures have been taken effectively.

Name/ Designation/ Signature: _____ Date: _____

SECTION 3: APPROVAL (to be completed by Authorised Manager)**Review of Permit:**

Y N NA

Remarks

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 authorise the work at heights to the conditions and duration stated in this permit.

Name/ Designation/ Signature: _____ Date: _____

SECTION 4: TASK COMPLETION (to be completed by Supervisor)

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.

Name/ Designation/ Signature: _____ Date: _____