

WH Permit Number: _____

WP number: _____
(OFFICE USE ONLY – Interlink Roads)

This Permit must be completed if:

- An injury can occur as a result of falling from one level to another.

Part A – Application Details

Please complete & email back to Interlink Roads at least one week before commencement of works. Failure to meet deadlines may see this permit rejected or delayed. IF SPACE DOES NOT PERMIT, PROVIDE DETAILS ON SEPARATE PAPER

Application Submission Date:	Applicant's Name:	Company:	Contact No:
			E-mail:
PERMIT START Date:		PERMIT FINISH Date:	
Time:		Time:	
The applicant is carrying out work for (i.e. company name, if not for Interlink Roads):			Contact Name:
Contractor company name: (doing the actual work)		Contact person:	Contact No:
			E-mail:
		On-site Supervisor:	Mobile No:
			E-mail:

Description of Work: (no work outside this scope may be performed under this permit)

Location of Work: <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound	From: (e.g. Heathcote Rd)	To: (e.g. Moorebank Ave)	Building:
<input type="checkbox"/> Left Lane <input type="checkbox"/> Middle Lane <input type="checkbox"/> Right Lane <input type="checkbox"/> Shoulder <input type="checkbox"/> Ramp Through Lane (Ramp Closure) <input type="checkbox"/> Ramp Shoulder Lane <input type="checkbox"/> Other			
Proposed Plant & Equipment:			
This permit is requested for:	<input type="checkbox"/> Operating EWP <input type="checkbox"/> Fall Protection from one lever to another <input type="checkbox"/> Batter Slopes <input type="checkbox"/> Gantry Works <input type="checkbox"/> Other		

Complete either Part B1 or B2.

Part B1 – Working from Gantry, VMS or Other Fixed Structure - Documentation

Has a formal risk assessment (JSA or SWMS) been completed and submitted to Interlink Roads for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk assessment cover the following:	
- Check inspection date of all PPE and fixed fall restraint systems?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
- Emergency response	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
- Rescue plan (required if FALL ARREST is the primary method of control)	
- Use of tools and associated lanyard systems?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
- Risks associated with lifting items such as spare parts or tools up to gantry level?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
- Is a chin strap on the hard hat required to be fitted and used during this task?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Have all team members involved with the task completed formal working at heights training?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
<i>If NO to any of these questions, complete or re do the JSA or SWMS then re-visit this form.</i>	

Part B2 – Working from Unfixed Plant or Other - Documentation

Has a formal risk assessment (JSA or SWMS) been completed and submitted to Interlink Roads for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a work procedure for the task been submitted to Interlink Roads for review?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Has a rescue plan been prepared and submitted to Interlink Roads for review? (required if FALL ARREST is the primary method of control)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Has the highest level of control been chosen to control the risks? (hierarchy of controls-eliminate, substitute, engineer, administrative, PPE)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Have all team members involved with the task completed formal working at heights training?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Have all team members operating EWP completed formal work training?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
<i>If NO to any of these questions, complete or re do the JSA or SWMS then re-visit this form.</i>	

Controls Checklist	
Fall Protection (arrest or restraint) (shall be used if working within 2 metres of an exposed edge over 2 metres high)	
Has fall restraint been considered over fall arrest to prevent free-fall? (<i>mandatory</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
If there is a chance of free-fall, is there adequate clearance distance below? (<i>mandatory</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Where possible are anchorage points above head height? (<i>mandatory</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
If a dual lanyard system is required, can the person ensure 100% attachment at all times? (<i>mandatory</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Does the JSA address safe means of accessing/egressing the work location? (<i>mandatory</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Is the fall protection equipment the most suitable for the task and has it been inspected? (Harness, inertia reels, static lines etc.) (<i>mandatory</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Is there a designated anchor point or structure suitable for the attachment of the fall protection equipment? (<i>mandatory</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Falling Objects	
Has the risk of falling objects been assessed and preventative measures put in place? (lanyards, barricading, spotters etc)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Is a chin strap on the hard hat required to be fitted and used during this task?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an exclusion zone been implemented, and is it clearly identifiable?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Other requirements (please state):	

Part C – Work Crew Members			
As a member of this work crew I have read, understood and will comply with my duties as listed on this permit.			
NAME	NAME	NAME	NAME

Part D – Applicant’s Certification		
I certify that all information contained herein is true and accurate. I acknowledge that I have read, understood and accepted the Interlink Roads General, Risk Assessment and Worker Induction Handbook and Site Access Conditions. I certify that any/all Safe Work Method Statements, Environmental Assessments as described in this application form, have been considered and reviewed, and that the said works will be conducted in accordance with these documents and work procedure provided.		
Applicant’s Name:	Signature:	Date:
Contractor’s Supervisor Name:	Signature:	Date:

When completed and signed off, the permit must be kept in the possession of the person carrying out the work until completion.

Part E – Authorisation of Works		
Authorised Permit Issuer: I authorise the task as stated above to commence subject to the conditions and precautions of the Risk Assessment and as indicated on this permit.		
Full Name (Print):	Signature:	Contact:
Company:		Date:

Permit Handover (where permit validity is greater than one (1) shift)			
ACTION	DATE	NAME	SIGNATURE
ISSUED			
RE-ISSUED			
RE-ISSUED			