

WH Permit 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:	
Work Permit Number:			
PERMIT START	Date:	Time:	PERMIT FINISH
			Date:
			Time:
Applicant is carrying out work for (i.e. company name):			Contact Name:
Applicant's Company Name:			
Applicant's Mobile:		Applicant's Work Phone:	Applicant's email address:
Onsite Applicant's company name undertaking works:			
Onsite Applicant's supervisor's name undertaking works:			Applicant's Supervisor's Mobile:
List all contractors performing the works with the Applicant:			

Description of Work: (no work outside this scope may be performed under this permit)			
Location of Work:	From: (e.g. Heathcote Rd)	To: (e.g. Moorebank Ave)	Building:
<input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound			
<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		

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

Part C – 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"/> No
If there is a chance of free-fall, is there adequate clearance distance below? (<i>mandatory</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where possible are anchorage points above head height? (<i>mandatory</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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"/> No
Does the JSA address safe means of accessing/egressing the work location? (<i>mandatory</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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"/> No
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"/> No
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"/> No
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"/> No
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	SIGNATURE	NAME	SIGNATURE

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:
Onsite Applicant’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:
Works Coordinator/Manager		Date:
Works Manager	Signature:	Date:
Asset/GP1 Manager	Signature:	Date:

Permit Validity

This permit is valid:

From (time):	Date:	To (time):	Date:
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Permit Handover (where permit validity is greater than one (1) shift)

ACTION	DATE	NAME	SIGNATURE
ISSUED			
RE-ISSUED			
RE-ISSUED			