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ZENERGY WORK AT HEIGHT CERTIFICATE

PERMIT HOLDER		0	0000		ICOI. WI	"			Ι.	Crimic rio	oldei						T Grille Bate		
OL	С)th	er Permit F	orm	s:		Con	Confined Spac	ace E	ntry	Excavation				Lifting & Rigging		timated Time of Co	ime of Completion	
H	Hot Work RESCUE PLAN							Isolation LOT	0		Supporting Doc's:	_							
Σ	Work Location / Equipment ID:																		
Ä	S	ре	cific work &	k WA	H Equip	mer	nt de	scriptio	n:										
<u></u>	Н												• 6•	. •					
	Щ	_			• ••					11.61		Training V	eritic	atio	on				
	Н		verybody p		-		- 1		-								Г		of a cofety beauties
	Н		NP - Boom-				ŀ	_				NZQA23963	H		klift NZQA18496 /M	lan-C			
	EWP - Scissor-lift NZQA23960 QUALIFIED Scaffolder Other: NZQA23229													AZ3ZZ9					
												Control N	1eası	ures	S				
				r to ¹	√ Check	re	quire	ed conti	rols be	elow and	the	n initial for ap	prova	l one	ce controls are in p	lace	CR	OSS O	UT LINE IF N/A
	Req'd Confirmed										1 0 N (0 II 2								
	Is there a rescue plan, equipment, and Standby Person																		
	Weather Checked - MAX. Wind speeds <12.5m/se																		
Identified any overhead electrical cables or hazards																			
	Has the structural integrity of the roof/s been verified for loading. Identify Skylight/brittle surfaces																		
	Exclusion zone barricades - warning signs in place																		
	Harness use													affold or break-down					
Z	Req'd Confirmed							Req'd Confirmed											
Ĕ	Harness/equipment inspected & deemed fit fo											be built by a Qualified scaffolder							
SECTION	NOTE: Daily visual and 6 monthly certification Are harnesses being worn correctly					11					Indation - Sole-boards & Base-plates								
	Н				ıfirm ancl		_						Engineering sign off required?						
PERMIT ISSUER	H	_								rklift ma	n c	PAGA IIEA	Rea'd	Cor		orkir	ng from Scaffold		
<u>S</u>	Rea	'd	Confirmed	EIG	evaleu (770	ЛКГ	iatioiii	II OK IU	i Kill t Ille	III C	aye use	Req'd Confirmed						
Ė	Machinery/equipment inspected and deemed f						fit f	or use	<u> </u>				ped with a safety tag to identify status fully planked ≤50mm gaps						
S ≥	Log book checked and completed DAILY											gap spacing 300mm (no handrail or kick-rail)							
P	Equipment being operated within load limits: SN						SWL	<u> </u>				as trap-doors for internal ladders/stairs							
	Anchor points available (reject equipment if not																		
	Is the area safe to operate the equipment							Workers to remain within the confines of the scaff											
	Is the ground able to support the weight of the						e Eq	quipment Verify all guardra				ails and kick-boards are in place and secure							
	Ground controls tested/trial rescue Date done:					e:	NO modifications - unless by a qualified					fied scaf	folder						
	NOTE: Trial rescue to be completed by safety w						wat					- All castors must be lock-able							
	Levelling devices functional and being used if re						req	uired Mobile Scaffold -					- Not to be moved with people on board						
	Ladder use - Max. 15 minutes of works								Crane - Man-cage *NON-Preferred Method**						hod**				
	Req'd Confirmed								Req'd Confirmed										
	Is the ladder of correct standard, type and con									HSSE team & WorkSafe guidelines reviewed									
	Is the ladder on a secure footing & tied off to p					pre	· —				Worksafe Approved COP for cranes Section 17								
	Ы	or a standby person holding secure Workers facing the ladder, with 3 points of co						Н				safe to operate the crane - Services/lift plan							
	Н												Η.	Crane/equipment certificates verified and fit-for-purpose Perform a test-load with man-cage: SWL:					
	닏	_		Non	n-conduc	tive	e lado	ders to b	e used	d near elec	ctric	al equipment	닏		Perform a te	st-lo	ad with man-cage: S	WL:	
															O START WO				
															rith the controls listed inge in the work site o				
APPROVAL												by the Permit			inge in the work site t	JI all	incident of flear fills	or arry s	seventy occurs.
	Sig	gna	ture below c	onfir	ms I fully	und	derst	and and	will co	mply, enfo	rce a	and meet all co	nditions	s / re	quirements set out ir	this	permit and documer	nts	
	Permit Holder:								Signature:					Date:		Time:			
	The signature below confirms all requirements and conditions / control Permit Issuer: Si								nditions / o	cont	trols of this permit are in place and the task can be			be p	erformed safely.				
										Signature:			Date:		Time:				
CLOSE OUT	WORK AT HEIGHT - CLOSE OUT The signature helevy selvented as Work Devenit alexand. Work semilated site left in a sefe condition in accordance with facility requirements.																		
	The signature below acknowledges Work Permit closure . Work completed, site left								leted, site left i Signature:	n a safe	con	dition, in accordance	with		•	Time:			
	Permit Holder: Signat							Signature:	Date: Time:										
	The signature below calcaculadose the work are well allower. The way							mplet	nd ar	d the site has been l	oft in	a cofo condition							
	The signature below acknowledges the work permit closure . The work has leading to the permit leading to the signature below acknowledges the work permit closure . The work has leading to the permit leading to the perm							Signature:				Date:		Time:					
								3 											
													I						

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ZENERGY WORK AT HEIGHT CERTIFICATE

PERMIT HOLDER	00000 Ref. WP #	er			Permit Date								
님	Other Permit Forms: Confined Space Entry	Excavation		Lifting & Rigging	Estimated Time of Compl	etion							
Ĭ	Hot Work RESCUE PLAN	Isolation LOT	, H	Supporting Doc's:	Estimated Time of Compi								
	Work Location / Equipment ID:			J o									
	Specific work & WAH Equipment description:												
B	Specific work & WALL Equipment description.												
	Training Verification												
	Everybody performing WAH has Training Qualification N	ZQA17600											
	EWP - Boom-Lift NZQA23962 EWP - Trailer Mo	unted NZQA23	963 Forklift NZQA18496 /Man-Cage NZQA18409 Use of a safety harn										
	EWP - Scissor-lift NZQA23960 QUALIFIED Scafi	folder	Other: NZQA23229										
		Control M	leacur	26									
	Permit Issuer to √ Check required controls below and then initial for approval once controls are in place CROSS OUT LINE IF N/A												
	Req'd Confirmed												
	Is there a rescue plan, equipment, and Standby Person in place? Name of Standby Person:												
	Weather Checked - MAX. Wind speeds <12.5m/second (45km/hr)												
	Identified any overhead electrical cables or hazards												
	Has the structural integrity of the roof/s been verified for loading. Identify Skylight/brittle surfaces												
	Exclusion zone barricades - warning signs in p	olace 											
	Harness use		Erecting Scaffold or break-down										
Z	Req'd Confirmed		Req'd Confirmed										
SECTION	Harness/equipment inspected & deemed fit for	use	Н –	Scaffolding to be built by a Qualified scaffolder									
	NOTE: Daily visual and 6 monthly certification		Н –	Verify a firm foundation - Sole-boards & Base-plates									
S	Are harnesses being worn correctly		<u> </u>	Engineering	sign off required?								
PERMIT ISSUER	Confirm anchor point adequate for the load		Working from Scaffold										
SSI	Elevated Work Platform & forklift man	cage use	Req'd Confirmed										
ΙĒ	Req'd Confirmed		Scaffold equipped with a safety tag to identify status										
Į≅	Machinery/equipment inspected and deemed fit	t for use	Scaffold decks fully planked ≤50mm gaps										
	Log book checked and completed DAILY Equipment being operated within load limits: SW	η.	Maximum wall gap spacing 300mm (no handrail or kick-rail)										
	Anchor points available (reject equipment if not		Access tower has trap-doors for internal ladders/stairs NO works on scaffold following severe weather until checked										
	Is the area safe to operate the equipment	available)	Workers to remain within the confines of the scaffold										
	Is the ground able to support the weight of the E	Equipment	Verify all guardrails and kick-boards are in place and secure										
	Ground controls tested/trial rescue Date done :		NO modifications - unless by a qualified scaffolder										
	NOTE: Trial rescue to be completed by safety w		Mobile Scaffold - All castors must be lock-able										
	Levelling devices functional and being used if re	quired	Mobile Scaffold - Not to be moved with people on board										
	Ladder use - Max. 15 minutes of works		Crane - Man-cage *NON-Preferred Method**										
	Reg'd Confirmed		Reg'd Confirmed										
	Is the ladder of correct standard, type and cond	dition	Approval from HSSE team & WorkSafe guidelines rev										
	Is the ladder on a secure footing & tied off to pr		NOTE: Refer to Worksafe Approved COP for cranes Section										
	or a standby person holding secure		Is the ground safe to operate the crane - Services/lift plan										
	Workers facing the ladder, with 3 points of cont	tact at all times		Crane/equipment certificates verified and fit-for-purpose									
	Non-conductive ladders to be used near electric	ical equipment	\sqcup	Perform a test-load with man-cage: SWL:									
	WAH CERTIFIC	ATE - APPR	ROVAL	TO START WOR	RKS								
	The person undertaking this work acknowledges that the job will be					All works will be							
	completed in a safe manner and the Permit Issuer will be informed in			nange in the work site o	r an incident or near miss of a	any severity occurs.							
₹	Re-validate this work on the WP if work has stopped or as directed				Ala:								
APPROVAL	Signature below confirms I fully understand and will comply, enforce Permit Holder:	iditions /	requirements set out in	Date:	Time:								
Ä		Signature:			Dato.	1							
\	The signature below confirms all requirements and conditions / co	ntrole of this per	mit are in	place and the task can	ha parformed safely								
	Permit Issuer:	Signature:	init are in	place and the task carr	Date:	Time:							
		g											
	WORK AT HEIGHT - CLOSE OUT												
_	The signature below acknowledges Work Permit closure . Work com												
OUT	Permit Holder:	Signature:	Date: Time:										
й													
LOSE	The signature below acknowledges the work permit closure . The work has been completed and the site has been left in a safe condition												
딩	Permit Issuer:	Signature:		Date: Time:									
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