ENERGY WORK AT HEIGHT CERTIFICATE

PERMIT HOLDER

00000	Ref. WP #	Permit Holder	Permit Date

Other Permit Forms: ☐ Hot Work ☐ Confined Space Entry ☐ **RESCUE PLAN** ☐ Excavation ☐ Isolation LOTO ☐ Lifting & Rigging ☐ Supporting Doc's: **Estimated Time of Completion** _____

Work Location / Equipment ID: _____

Specific work & WAH Equipment description: _____

PERMIT ISSUER SECTION

Training Verification

☐ **Everybody performing WAH has Training Qualification NZQA17600**

☐ EWP - Boom-Lift NZQA23962 ☐ EWP - Trailer Mounted NZQA23963 ☐ Forklift NZQA18496 /Man-Cage NZQA18409 ☐ Use of a safety harness NZQA23229

☐ EWP - Scissor-lift NZQA23960 ☐ QUALIFIED Scaffolder ☐ Other:

Control Measures

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 place

Harness use

Req'd	Confirmed	
☐	_____	Harness/equipment inspected & deemed fit for use
		NOTE: Daily visual and 6 monthly certification
☐	_____	Are harnesses being worn correctly
☐	_____	Confirm anchor point adequate for the load

Elevated Work Platform & forklift man cage use

Req'd	Confirmed	
☐	_____	Machinery/equipment inspected and deemed fit for use
☐	_____	Log book checked and completed DAILY
☐	_____	Equipment being operated within load limits: **SWL:** _____
☐	_____	Anchor points available (reject equipment if not available)
☐	_____	Is the area safe to operate the equipment
☐	_____	Is the ground able to support the weight of the Equipment
☐	_____	Ground controls tested/trial rescue **Date done:** _____
		NOTE: Trial rescue to be completed by safety watch
☐	_____	Levelling devices functional and being used if required

Ladder use - Max. 15 minutes of works

Req'd	Confirmed	
☐	_____	Is the ladder of correct standard, type and condition
☐	_____	Is the ladder on a secure footing & tied off to prevent sliding, or a standby person holding secure
☐	_____	Workers facing the ladder, with 3 points of contact at all times
☐	_____	Non-conductive ladders to be used near electrical equipment

Erecting Scaffold or break-down

Req'd	Confirmed	
☐	_____	**Scaffolding to be built by a Qualified scaffolder**
☐	_____	Verify a firm foundation - Sole-boards & Base-plates
☐	_____	Engineering sign off required?

Working from Scaffold

Req'd	Confirmed	
☐	_____	**Scaffold equipped with a safety tag to identify status**
☐	_____	Scaffold decks fully planked ≤50mm gaps
☐	_____	Maximum wall gap spacing 300mm (no handrail or kick-rail)
☐	_____	Access tower has trap-doors for internal ladders/stairs
☐	_____	NO works on scaffold following severe weather until checked
☐	_____	Workers to remain within the confines of the scaffold
☐	_____	Verify all guardrails and kick-boards are in place and secure
☐	_____	NO modifications - unless by a qualified scaffolder
☐	_____	Mobile Scaffold - All castors must be lock-able
☐	_____	Mobile Scaffold - Not to be moved with people on board

Crane - Man-cage *NON-Preferred Method**

Req'd	Confirmed	
☐	_____	**Approval from HSSE team & WorkSafe guidelines reviewed**
		NOTE: Refer to Worksafe Approved COP for cranes Section 17
☐	_____	Is the ground safe to operate the crane - Services/lift plan
☐	_____	Crane/equipment certificates verified and fit-for-purpose
☐	_____	Perform a test-load with man-cage: **SWL:** _____

APPROVAL

WAH CERTIFICATE - APPROVAL TO START WORKS

The person undertaking this work acknowledges that the job will be completed in accordance with the controls listed above and the Z Life Savers. All works will be completed in a safe manner and the Permit Issuer will be informed immediately if conditions change in the work site or an incident or near miss of any severity occurs. **Re-validate this work on the WP if work has stopped or as directed by the Permit Issuer.**

Signature below confirms I fully understand and will comply, enforce and meet all conditions / requirements set out in this permit and documents

Permit Holder:	Signature:	Date:	Time:

The signature below confirms all requirements and conditions / controls of this permit are in place and the task can be performed safely.

Permit Issuer:	Signature:	Date:	Time:

CLOSE OUT

WORK AT HEIGHT - CLOSE OUT

The signature below acknowledges Work Permit **closure**. Work completed, site left in a safe condition, in accordance with facility requirements.

Permit Holder:	Signature:	Date:	Time:

The signature below acknowledges the work permit **closure**. The work has been completed and the site has been left in a safe condition

Permit Issuer:	Signature:	Date:	Time:

Part 1 EOB Black Ink Pms 290

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Part 2 - EOB - Black Ink