



## Work at Height and BMU Permit HS-FR-10-02

Centre/Location:	<input type="text"/>	Date:	<input type="text"/>
Company Name:	<input type="text"/>		
Permit Receiver:	<input type="text"/>	Contact Phone:	<input type="text"/>
Description of Work:	<input type="text"/>		
Location of Work	<input type="text"/>		
Permit Issuer Name:	<input type="text"/>	Vicinity Centres Position:	<input type="text"/>

Work At Height	Applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Ladder use is appropriately addressed by SMWS or other risk assessment documentation	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Demonstrated appropriate competency for use of fall restraint/arrest equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Fall restraint/arrest equipment inspected prior to use	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Anchor points have been inspected/tested and tagged (current)	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Rescue plan in place where fall arrest equipment is in use, including spotter	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
High risk license in place for boom type EWP that extends > 11m	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Controls in place for potential falling objects e.g. tools tethered, barricading, spotter etc.	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Barricades/signs in place to control access to mobile plant e.g. EWPs	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Spotter in place for use of EWP	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Scaffolds > 4m erected and dismantled by a licensed person	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Voids, skylights, penetrations adequately protected and signposted	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A

Building Maintenance Unit (BMU)	Applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Demonstrated appropriate competency for BMU operation	<input type="checkbox"/>	Yes	
BMU maintenance records sighted e.g. evidence of 3 monthly and annual BMU inspection	<input type="checkbox"/>	Yes	
BMU registration is current	<input type="checkbox"/>	Yes	
Pre-operational inspection completed and recorded	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
BMU log book completed/current	<input type="checkbox"/>	Yes	

\* User must 'Complete the page 2 of this permit'

Building Maintenance Unit (BMU) Continued...	Applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Relevant areas suitably signposted and barricaded, including balconies		<input type="checkbox"/> Yes	
Tools and other loose objects secured/tethered		<input type="checkbox"/> Yes	
Current weather forecast (BMU not to be used during thunder or lightning storms):		<input type="checkbox"/> Yes	
Demonstrated appropriate competency for BMU operation			
Current wind speed reading (BMU is not to be used where the wind speed exceeds 19 knots (25kph)):			
Wind speed to be continuously checked by operators		<input type="checkbox"/> Yes	

Additional Permits Required			
Hot Work	<input type="checkbox"/> Yes	Fire System Impairment	<input type="checkbox"/> Yes
Excavations and Penetrations	<input type="checkbox"/> Yes	Confined Space Entry	<input type="checkbox"/> Yes
Critical Lift	<input type="checkbox"/> Yes	Roof Access	<input type="checkbox"/> Yes

Permit Approval			
Copy of SWMS or risk assessment attached or saved to file			<input type="checkbox"/> Yes
<b>This permit is valid from:</b>	Start Date:	<input type="text"/>	Time: <input type="text"/>
	Expiry Date:	<input type="text"/>	Time: <input type="text"/>
I understand the permit requirements and the controls specified will be implemented and monitored for effectiveness throughout the works:			
Permit Receiver:	<input type="text"/>	Signature:	<input type="text"/>
Permit Issuer:	<input type="text"/>	Signature:	<input type="text"/>

Permit Close Out			
I have checked the worksite and confirm that all persons and tools are accounted for and that the site has been made safe:			
Date:	<input type="text"/>	Time:	<input type="text"/>
Permit Receiver:	<input type="text"/>	Signature:	<input type="text"/>
Permit Issuer:	<input type="text"/>	Signature:	<input type="text"/>