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

Centre/Location:		Date:	
Company Name:			
Permit Receiver:		Contact Phone:	
Description of Work:			
Location of Work			
Permit Issuer Name:		Vicinity Centres Position:	

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

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

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

Building Maintenance Unit (BMU) Continued…	Applicable ☐ Yes ☐ N/A
Relevant areas suitably signposted and barricaded, including balconies	☐ Yes
Tools and other loose objects secured/tethered	☐ Yes
Current weather forecast (BMU not to be used during thunder or lightning storms):	☐ 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	☐ Yes

Additional Permits Required			
Hot Work	☐ Yes	Fire System Impairment	☐ Yes
Excavations and Penetrations	☐ Yes	Confined Space Entry	☐ Yes
Critical Lift	☐ Yes	Roof Access	☐ Yes

Permit Approval

Copy of SWMS or risk assessment attached or saved to file ☐ Yes

This permit is valid from: Start Date: Time:

Expiry Date: Time:

I understand the permit requirements and the controls specified will be implemented and monitored for effectiveness throughout the works:

Permit Receiver: Signature:

Permit Issuer: Signature:

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: Time:

Permit Receiver: Signature:

Permit Issuer: Signature: