TRIM: 22/1786221

[ ]  I confirm that the precautions described above will be put in place and will remain in place for the duration of the work.

Permit will only be open for 12 hours, additional time will need to be documented and signed daily.

|  |  |
| --- | --- |
| Issue date: \_\_\_\_\_\_\_\_\_ | Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Change in hazards (circle) | Yes  | No  |
| If yes JSA will need to be changed and signed off  |
| Closure date:\_\_\_\_\_\_\_\_\_ | Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Revalidation Date: \_\_\_\_\_\_\_\_\_ | Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed by Safety Observer | Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NOTE: All staff involved must have completed training for NZQA 17600: Explain safe work practices for working at heights.**

**The Safety Observer must ensure the following is in place before work commences:**

[ ]  A safety observer has been assigned to maintain continuous communication with any person wearing a safety harness. (Strike through if not applicable)

[ ]  Worksafe NZ has been notified if required (If there is a potential for a fall of 5 m or higher, including the erection or dismantling of scaffolding form which a person many fall 5 m or more. Work carried out from a ladder only, or maintenance and repair work of a minor and routine nature is excluded) Strike through if not applicable.

[ ]  Suitable fall protection has been provided and has been documented in the Job safety Analysis for this Permit to work

[ ]  Barriers and signs are in place to prevent the passage of other personnel into or underneath the area

[ ]  Safe access to any essential service within the work area has maintained, including protection from falling items. Strike through if not applicable.

[ ]  All safety equipment and specialised work tools are fit for purpose, are in good condition and have valid certification/inspection certificates where relevant

A rescue plan has been documented and is understood by all team members.

|  |  |
| --- | --- |
| Name  | Signed |
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|  |  |

**Rescue Plan: List all the equipment that will be used and is on hand for self-rescue or team rescue, and how the rescue will be undertaken.**

|  |  |  |
| --- | --- | --- |
| Equipment | Expiry date | rating |
|  |  |  |
|  |  |  |
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Description of job and rescue plan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_