

# Working at Heights

**Important:** Please download and open this form using Adobe Acrobat or PDF Reader to ensure this form can be submitted properly. Alternatively, please send the completed form to the details below.

Any approval by Te Pae Christchurch for this activity to occur does not give rise to an acceptance of any liability, loss or damage caused by the activity. Please complete the sections below and email this form to [healthandsafety@tepae.co.nz](mailto:healthandsafety@tepae.co.nz). Final approval will be completed on the day. For assistance, please contact:

**Health, Safety and Security Manager, Te Pae Christchurch Convention Centre**

**Phone:** +64 3 266 1400

**Email:** [healthandsafety@tepae.co.nz](mailto:healthandsafety@tepae.co.nz)

## Contact Details

Name		Company Name	
Phone Number		Company Address	
Email Address		Post Code	
Name of Event		Stand Name*	
Event Dates		Stand Number*	

*\*if applicable*

## Permit Details

Any temporary operations involving working off the ground is classed as working at height. This includes working from a ladder or steps, using access equipment or rigging from external anchor points. **Working at any height above two metres is classed as high risk.**

**Please note:** All permits are only valid for a maximum of **7 days from the date of issue with the same scope of work.**

## Height Details (Elevated Work Platforms, Scaffolding, Rigging, Ladders)

Identify the location of work (please include room names if applicable):

Describe the scope of works as under SOP.

## Potential Hazards

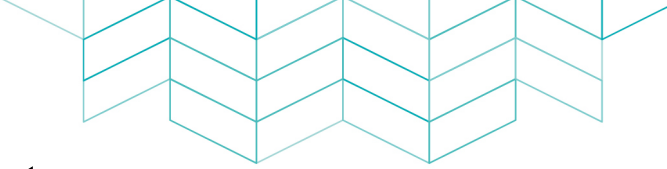
Identify the possible hazards you may incur:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Active systems                | <input type="checkbox"/> Dropped tools or equipment   | <input type="checkbox"/> Falls   |
| <input type="checkbox"/> Overhead working area         | <input type="checkbox"/> Suspension from ropes        | <input type="checkbox"/> Unchecked safety equipment                            |
| <input type="checkbox"/> Other (please specify below): | <input type="checkbox"/> Working near entrances/exits | <input type="checkbox"/> Possible leaning over edges of EWP (Harness required) |

## Working Area Controls

Specific controls listed below are required for the working area.

Compulsory:



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- Ladders – inspected before use for damage or missing feet. Footed and secured at top, 3-points of contact, minimum 120kg load capacity. No straddling plus avoid standing on the top two steps of the stepladder.
- Scaffold – Erected and maintained by a certified scaffolder.
- Elevated Work Platform – Operator to be trained, machine certified and checked. Exclusion zone around elevated work platform work area using spotter.
- Rigging – Fall arrest gear inspected, anchor points certified, safety nets where possible.
- Personnel – Medically capable to perform the work.

## Control Measures

Identify control measures to be implemented:

<input type="checkbox"/> Department staff informed	<input type="checkbox"/> Hazard/equipment isolated
<input type="checkbox"/> Protective equipment required (specify below):	<input type="checkbox"/> Rescue Plan completed below
<input type="checkbox"/> Other (please specify below):	

### REQUIREMENTS WITHIN THE WORK AREA FROM TEAM

- Area to be checked for loose debris (especially on floors) which must be removed before work can commence. This can include paper, cardboard, dust, lint, debris, flammable liquids, and oily deposits.
- Flammable liquids/chemicals removed from work area or stored appropriately.
- Area to be screened, protected and safety signs to be displayed.
- Helmets and High Visibility vest or clothing must be always worn.
- All work areas will be isolated (screened, protected, or roped off) as necessary and warning signs clearly displayed.

### WORK ON/FROM CEILINGS

- Access equipment to be inspected and approved prior to use.
- Anchoring or securing locations are to be certified.
- All harnesses and ropes are to be serviceable and have been checked prior to work start.
- Over 5m must include a WorkSafe Notification.
- Identify whether sprinklers or smoke isolation is required (where applicable).

### SAFETY WATCH

- A Safety Watch person must be provided during all work to maintain the exclusion zone with barriers installed. They cannot be given other tasks during this period.
- The Safety Watch person must be competent and aware of the emergency procedure.
- A Safety Watch person is to be nominated prior to heights work commencing on the day. They cannot be assigned other duties during this task. They will have a radio for emergencies as they are the Warden for their task.
- If entry is required by others, work must stop until the area becomes clear again.

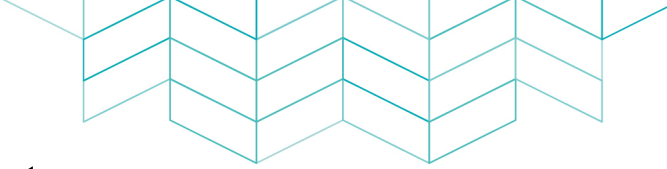
## Declaration

I declare that I have read and understood this permit and have completed this form to the best of my knowledge.

## Permit Control

Name of Receiver:	Signature:	Date:	
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## Mandatory Safety Requirements



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It is the responsibility of all persons conducting a business or undertaking (PCBUs) and their staff to ensure that the Health and Safety at Work Act 2015, applicable legislation, procedures, and safe work practices are followed, as far as reasonably practicable, to protect the health and safety of all persons.

(Te Pae Christchurch Convention Centre use only)

## Risk and Compliance Authorisation

Fire protection impairment required?	Yes / No	Fire protection impairment approved?	Yes / No
Date Permit valid for:		Time from:	Time to:

### HEIGHT WORKS CHECKLIST FOR ISSUERS:

- SWMS or JSEA or SOP identifies the specific project and location with title.
- All staff including contractors (Subs) are signed onto SWMS/JSEA with full contact information.
- Full scope with job steps included for specific tasks.
- Workers are identified that are responsible for the compliance of the SWMS/JSEA.
- Workers signed onto SWMS/JSEA must have input with the job.
- All critical risks identified with appropriate controls/permits in place (Confined Space, Hot Works etc).
- Training records for all workers checked.
- All equipment is to be in good condition (e.g. EWP, PPE, harnesses, and ropes are inspected prior to use to ensure they are fit for purpose, log filled in on EWP with check).
- Te Pae Hierarchy of controls followed to reduce risks with appropriate controls to eliminate or minimise risks.
- Identifies emergency response plan over and above services or security control.
- Does the SWMS/JSEA show the ability to record all modifications when job conditions change and recognize changes to scope must be approved first.
- All PPE must be task specific without room for interpretation.
- Identify whether sprinklers or smoke isolation is required (where applicable).

### Permit Authorisation

Name of Issuer:		Signature:		Date:	
Permit Number					

### EMERGENCY RESCUE PLAN

SWMS/JSEA completed by: \_\_\_\_\_ Location: Date \_\_\_/\_\_\_/\_\_\_

SWMS/JSEA approved by: \_\_\_\_\_ CHECKLIST (Tick and/or add)

Location of closest Manual Call Point	<input type="checkbox"/> Yes	Fire extinguisher	<input type="checkbox"/> Yes
Spotter understands their requirements and has radio or form of communication.	<input type="checkbox"/> Yes	Control Room notified	<input type="checkbox"/> Yes
Gas Monitor (if Confined Space Entry)	<input type="checkbox"/> Yes	Ropes / Harness PPE checked (if applicable) Lanyards and attachments	<input type="checkbox"/> Yes

### SEQUENCE OF STEPS FOR THE RESCUE PLAN (assisted or self-rescue)

1.
2.

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3.
4.
5.
6.

Draw a sketch of the intended rescue.

All workers taking part in the task are to sign to declare that they have read and understood the above Mandatory Safety Requirements: Multi day permits **must** be signed onto before each start. Digital signage for Te Pae staff is allowed.

	Full Name and Signature

## Permit Closure by Issuer

This section is to be completed on inspection area **after** work has been completed (by an issuer).

Has the area been left clean and tidy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have all tools and barriers etc been removed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Any damage occurred to walls, floors, building, EWP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Isolated systems re-instated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Name of Te Pae Christchurch permit issuer:		Date:		Time:	
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