WORK AT HEIGHT PERMIT

Permit completed by:		Date:	
Person in control of work:			
Location of the work:			
Description of the work:			

A SWMS and/or risk assessment has been completed?	☐ Yes	☐ No	☐ N/A
Have all the workers been trained in work at heights?	☐ Yes	☐ No	☐ N/A

Access and Egress

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