**AUTHORITY TO WORK AT HEIGHT**

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| 1. WORKER DETAILS | | | | | | | | |
| Work undertaken by; | |  | **Phone Number** | |  | | | |
| Name of supervisor / manager: | |  | **Phone Number** | |  | | | |
| 1. PROJECT / WORKS DETAILS | | | | | | | | |
| Location of work | |  | | | | | | |
| Planned work activity | |  | | | | | | |
| 1. CONDITIONS AND PRECAUTIONS TO BE OBSERVED | | | | | | | | |
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| 1. GENERAL WORK CONTROLS | | | | | | | | |
| Controls (Identify those general controls to be undertaken as part of the Work) | | | | | | | **Yes** | **NA** |
| Is there a SWMS / SOP / Risk Assessment for the planned work activity? | | | | | | |  |  |
| Have all workers undertaking the work been trained to use the equipment required to complete the work activity? | | | | | | |  |  |
| Are additional emergency procedures required? | | | | | | |  |  |
| Are there any weather conditions that prevent access (rain, lightning, wind)? | | | | | | |  |  |
| Are there risk of items falling on persons below? | | | | | | |  |  |
| 1. COMPLETION SIGN OFF | | | | | | | | |
| Name |  | | | **Signature** | |  | | |
| Completion date / time |  | | | | | | | |