**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
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| 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 |       |