

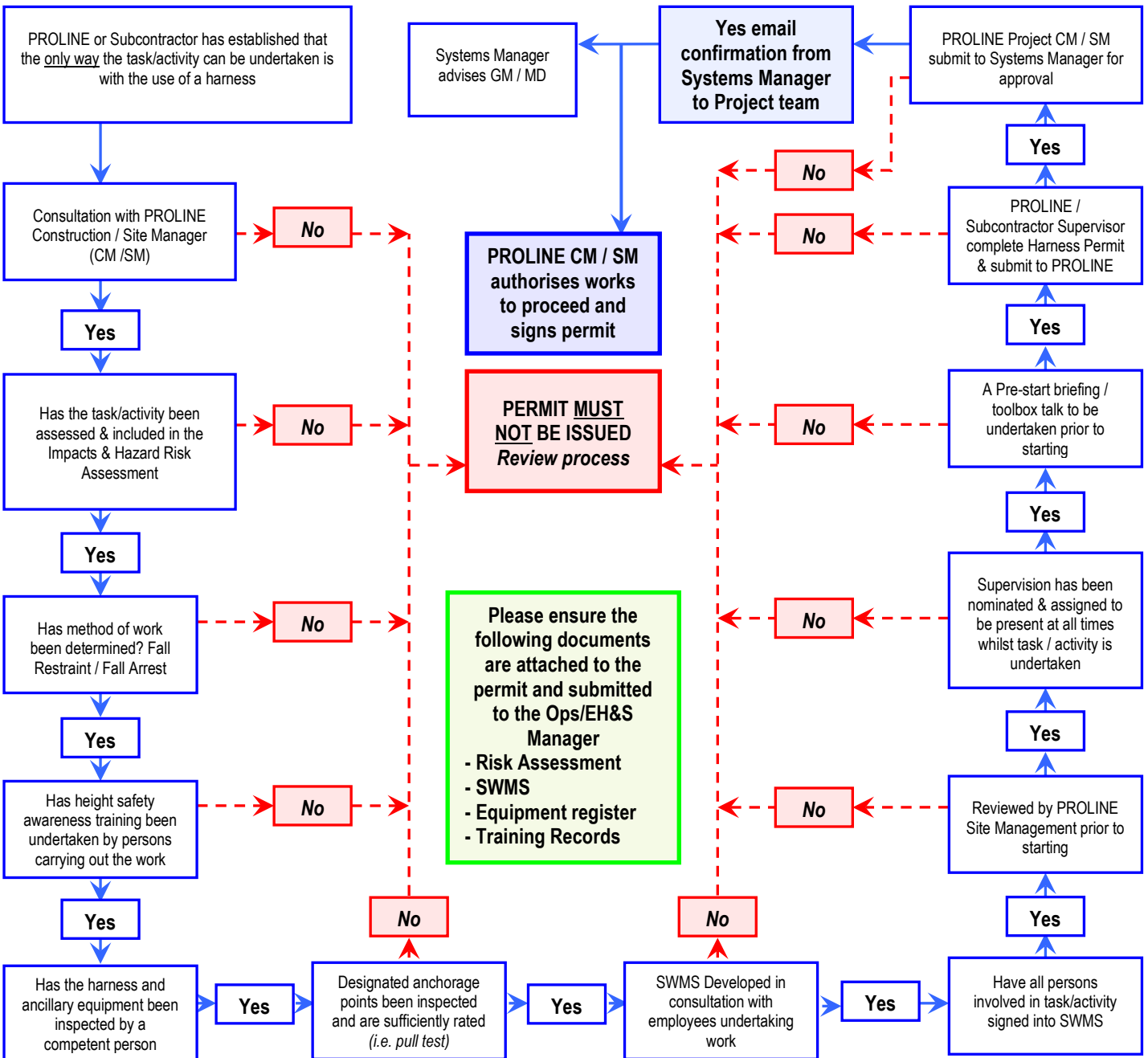
PERMIT TO USE SAFETY HARNESSSES

Proline Building Commercial Pty Ltd (PROLINE) Falls requirements requires work at heights to be directed and managed using the hierarchy of control - commencing with elimination through to and concluding with the use of PPE. Therefore, PROLINE Operations require the following process and actions be undertaken for the use of Safety Harnesses (and associated ancillary equipment) on all its projects.

This process is not required where it is a legislative requirement to wear a harness (i.e. Mobile Elevating Work Platform, Swinging Stages, BMU, crane man box.) and the submitted SWMS clearly states that the person will not use the harness for any other purpose.

Note: The Systems Manager will need to approve any long term harness work (more than 7 days) to the following requirements:

- A copy of the permit is submitted to the System Manager prior to works commencing (for information only).
- Permit can remain valid for a maximum of six (6) months duration (on sign off)
- CM Manager must undertake a monthly review and validation of the standing permit as part of the monthly Workplace inspection & test plan.
- A documented monthly inspection of the harnesses and ancillary equipment is to be undertaken by a competent person
- Prior to using a harness for work activities one of the following protocols needs to occur:
 - a documented pre-start toolbox talk is to be carried out with authorised user(s) involved and a copy submitted to the PROLINE Site Foreman for review prior to works being undertaken or
 - a daily checklist by the authorised user (confirming such items as anchorage point, equipment being used, monthly toolbox/SWMS, any other safeguards, etc) is provided and the harness works can proceed to the conditions of the permit. This will need to be maintained with the plan/equipment and reviewed daily by Site Foreman
- If any task/activity is required to be undertaken other than what has been documented in the SWMS, then a new permit is be submitted.



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Harnesses are only to be used as the last resort and only then after consultation with and approval given by PROLINE <i>Note: This permit is not intended for harnesses that are worn in MEWP's, Light Swinging Stages, Man boxes etc</i>	
Project:	Area / Location:
PROLINE or Subcontractor (Name Company):	
Supervisors name:	Permit Valid from: ____/____/____ to ____/____/____ <i>Maximum duration of permit is one (1) week. For longer refer to "note" on guide.</i>
Proposed task to be undertaken:	

Can the proposed task be undertaken from the confines any of the following alternate conventional methods? Tick <input checked="" type="checkbox"/> as appropriate					
Scaffolding Yes <input type="checkbox"/> No <input type="checkbox"/>	Elevated Work Platform Yes <input type="checkbox"/> No <input type="checkbox"/>	Light Swinging Stage Yes <input type="checkbox"/> No <input type="checkbox"/>	Mast Climber Yes <input type="checkbox"/> No <input type="checkbox"/>	Crane Man box Yes <input type="checkbox"/> No <input type="checkbox"/>	Building Maintenance Unit Yes <input type="checkbox"/> No <input type="checkbox"/>
Method of Work (Restraint in preference to Arrest)		Working in Fall Restraint Yes <input type="checkbox"/> No <input type="checkbox"/>		Working in Fall Arrest Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has a SWMS been developed in consultation with employees		Yes <input type="checkbox"/> No <input type="checkbox"/>		Has the SWMS been reviewed by PROLINE	
Is a rescue procedure incorporated and rescue equipment in place		Yes <input type="checkbox"/> No <input type="checkbox"/>		Have all persons involved signed into SWMS	
Have designated anchorage points been inspected and are sufficiently rated (i.e. pull test)		Yes <input type="checkbox"/> No <input type="checkbox"/>		Has height safety awareness training been undertaken by persons carrying out the work	
Have anchorage points been signed Off (where necessary i.e. collared eye bolts)		Yes <input type="checkbox"/> No <input type="checkbox"/> (attach copy)		Has the type of lanyard to be used been checked that it will be effective in arresting the fall before the person hits the surface below	
By Whom:				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has a Pre-start briefing / toolbox talk been undertaken:		Yes <input type="checkbox"/> No <input type="checkbox"/> (attach copy)		Are Two-way radios required or the nearest nurse call identified	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Persons are NOT permitted to work alone when wearing a harness

Harness & Ancillary Equipment Details:					
Type of Harness		General Use <input type="checkbox"/>		Confined Space <input type="checkbox"/>	
Harness 1			Harness 2		
Harness Serial Number:				Harness Serial Number:	
Lanyard Serial Number:				Lanyard Serial Number:	
Shock absorber Number:				Shock absorber Number:	
Inertia Reel Number:				Inertia Reel Number:	
Inspected by a competent person:		Yes <input type="checkbox"/> No <input type="checkbox"/>		Inspected by a competent person:	
Name of person:				Name of person:	
Inspection results: Free of defects and damages		Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Inspection results: Free of defects and damages	
				Pass <input type="checkbox"/> Fail <input type="checkbox"/>	

If any of the questions are answered with No or Fail (with the exception of alternate conventional methods section) then the permit cannot be issued	
I confirm that the above-nominated person will supervise the above task at all times. Any changes in sequencing or scope will be brought to the attention of the PROLINE Manager issuing the permit and all works will stop until revised documentation has been submitted to PROLINE for review and acceptance.	
Print name:	Signature:

Proline Building Commercial Pty Ltd

Company Position:

Date:

I have checked this permit & attached documentation in consultation with the Systems Manager, and hereby authorise the above works to be proceed.

Print name:

Signature:

PROLINE Position: Construction Manager / Site Manager

Date:

Under NO circumstances can Safety Belts be worn