

WORKING OVER OR NEAR WATER PERMIT

Permit Completed By:		Date:	
Person in Control:			
Location of Work:			
Work Requested By:			
Description of Work:			
Equipment Needed:			
Method of Access:			
Start Date:		Finish Date:	



SAMPLE

ORDER NOW AND GET FULL ACCESS

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Has consultation been undertaken with all personnel undertaking the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a safe work method statement been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel undertaking the task are trained and authorized to undertake the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel are instructed in the use of the PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel are instructed in the method to take the work and how to proceed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel are instructed in the method to work at height over water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is working at height over water with wind speed exceeding 20km/h to be avoided? Is this to be confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have weather and tide conditions been assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel and equipment other methods have been notified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is work to be undertaken at night? Have adequate lighting provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Persons Undertaking the Work

By signing below you are confirming that you have been consulted on all hazards and risks and that you have the skills, experience and training necessary to complete the work safely.

Name:		Signature:	
Name:		Signature:	
Name:		Signature:	
Name:		Signature:	
Name:		Signature:	
Name:		Signature:	
Name:		Signature:	



SAMPLE

ORDER NOW AND GET FULL ACCESS