

THE MANAGEMENT CORPORATION STRATA TITLE PLAN NO. 2197 (SUNTEC CITY)

3 Temasek Boulevard #B1-65 Suntec City Mall Singapore 038983
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PERMIT TO WORK AT HEIGHTS

This permit shall be displayed for the duration of the approved task and removed only upon task completion or upon its expiry

SECTION 1: APPLICATION

Task Description:			
Location of WAH:		<input type="checkbox"/> Task covers multiple locations (attach sketch/ map if necessary)	
Start/ End Date:		<input type="checkbox"/> Task exceeds 1 work shift (daily endorsement required)	
No. of Workers:		No. of Supervisors:	

WAH Control Measures Implemented:

	Y	N	NA	
Due consideration given to eliminate work at heights tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe means of access/ egress provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Edge protection provided wherever there is falling risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall prevention equipment used to provide access/ work platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall prevention equipment are adequate and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anchorage/ Lifeline installed and inspected by competent person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel restraint system used to exclude persons from falling risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All persons subjected to falling risks are equipped with PFAS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All personnel are adequately trained to perform work at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazards and Risk Assessment conducted and communicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others (pls specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* Personal Fall Arrest System

I declare that the information provided is accurate and the control measures listed above have been effectively implemented.

Name/ Designation/ Signature: _____

Date: _____

SECTION 2: EVALUATION (to be completed by Safety Assessor)

Assessment of Control Measures:

	Y	N	NA	Remarks
All reasonably practicable measures have been taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of documents/ interview workers/ others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Site Survey with Supervisor:

All persons on site are protected from falling risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surrounding areas do not pose additional hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Multiple Locations/ Extended Duration:

Hazards are common at various locations/ time period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Control measures are applicable and effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I have evaluated the application and am satisfied that all reasonably practicable measures have been taken effectively.

Name/ Designation/ Signature: _____ Date: _____

SECTION 3: APPROVAL (to be completed by Authorised Manager)

Review of Permit:

	Y	N	NA	Remarks
Proper Permit-to-work evaluation has been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No incompatible works that may pose additional hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Control measures have been implemented effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall from heights risks have been effectively mitigated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I authorise the work at heights to the conditions and duration stated in this permit.

Name/ Designation/ Signature: _____ Date: _____

SECTION 4: TASK COMPLETION (to be completed by Supervisor)

The WAH task has been:

- Completed
- Suspended due to permit expiry
- Terminated due to change in condition

Date/ Time:

Remarks:

I confirm that the work area has been restored to its original condition and no new hazards have been introduced.

Name/ Designation/ Signature: _____ Date: _____