



**PORT WORKS APPLICATION
WORK AT HEIGHT**

THIS IS AN APPLICATION TO OBTAIN PERMISSION FROM THE PORT OF PORTLAND TO CONDUCT WORKS AND DOES NOT REMOVE THE REQUIREMENT FOR PORT USERS TO COMPLETE THEIR OWN SAFE SYSTEMS OF WORK, INCLUDING PERMITS WHERE REQUIRED.

Work at Height means any work above two (2) meters or where there is a risk of injury from falling.

Company / Vessel Name	
Name of Operator(s)	
Nominated Responsible Person	
Emergency contact number	

Location of Works	
Description of Works	
How is access to height gained?	

Precautions	Where a person is working within two meters of an unprotected edge and could fall a distance of two meters or more onto a surface that may cause injury, that person must wear appropriate fall restraint/arrest equipment.
Safe System of Work	Is a safe system of work in place (i.e. JSEA, Risk Assessment etc)? Yes <input type="checkbox"/> No <input type="checkbox"/> → JSEA to be completed
	Has rescue plan been developed? Yes <input type="checkbox"/> No <input type="checkbox"/> → Plan to be developed
Controls	Is the working height over two meters? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Does the work area have adequate fall protection? (i.e. railing, screens, nets, barriers) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are all surfaces capable of supporting the workers weight? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Will an approved scaffold or man cage be used? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Is the correct fall arrest equipment available? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Is the work free of slip hazards? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are secure anchor points available? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Is there safe access to and from the anchor points? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are anchor points appropriate for the shock loading expected? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Will a person be stationed to render assistance or raise alarm if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Will the work be carried out in daylight hours? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Is the roof or elevated area structurally sound? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are approved buoyancy rings / vests and life jackets available for works near water? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are personnel suitably trained in height safety? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Has the area below been isolated to restrict entry? (i.e. barricades, signage) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have port users which may be affected been notified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are weather conditions suitable? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

THIS APPLICATION IS ISSUED SUBJECT TO THE FOLLOWING CONDITIONS

- Applications are issued on the day of work activities and are valid for the duration of the task.
- The Application shall be in the possession of the operator before work is commenced and must be retained in their possession throughout the operation and be produced on demand to any authorised Officer of the Port of Portland.
- A valid Application covers only the work stated thereon and a further Application must be obtained before any additional work is commenced.
- For work aboard ships this Application is issued subject to current / state regulations.

ACKNOWLEDGEMENT

I acknowledge that it is my responsibility to ensure that all persons engaged in this work, whether employed directly or on sub contract are suitably qualified and execute their duties in a safe manner in accordance with the requirements of this Application.

Required from	DATE: ____/____/____	TIME : _____ 24 Hr clock
Required to	DATE: ____/____/____	TIME : _____ 24 Hr clock
Name		
Signature	Contact number	
POPL Issuing Officer	Contact number	
Signature	Date of Issue	

This Application must be completed and signed prior to any work activities and retained until the completion of the works.

SITE EMERGENCY PHONE NUMBER: 5525 0900