



PERMIT TO WORK (WORK AT HEIGHT) - For all works 3 metres high & above

- PTWs must be submitted at least **3 working days** prior to the commencement of work.
- Works shall only commence upon approval of the PTW.
- For after office hours or urgent works, the Contractor is required to provide a Safety Assessor and an Authorised Manager.

This permit shall be displayed for the duration of the approved task and removed only upon task completion or upon its expiry.										
STAGE-1 APPLICATION (To be completed by Vendor / Contractor WORK AT HEIGHT Supervisor)										
Name of Company: _____ Work Activity: _____				No of persons covered in permit:						
Location (s):		Task covers multiple locations (attach sketch/ map if necessary) <input type="checkbox"/>		Start/ End Date & Time:		Task exceeds one work shift (daily endorsement required) <input type="checkbox"/>				
WAH Control Measures implemented: Indicate Yes / No / NA				Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1. USE OF LADDER				<input type="checkbox"/> Yes		<input type="checkbox"/> No By stating so, this section will be deem as not applicable				
a) Ladder is in good working condition										
b) Ladder provided is of adequate height for the job										
c) Ladder is on firm and even ground										
d) Work area will be cordoned off with warning signs										
e) Buddy system is in place										
2. USE OF SCAFFOLD				<input type="checkbox"/> Yes		<input type="checkbox"/> No By stating so, this section will be deem as not applicable				
a) Scaffold erected by trained Scaffold Erector *To furnish Scaffold Erector Certificate										
b) Erection, alteration & dismantling of scaffold to by supervised by Scaffold Supervisor *To furnish Scaffold Erector Certificate										
c) Inspection of Scaffold <ul style="list-style-type: none"> • Components is in good working condition • Properly erected (provision of access, toe-boards, guardrails and etc) • All wheels (castors) are in good working condition with locking device (if any) • Labelling of scaffold indicating safe for use or otherwise • Inspection intervals <ul style="list-style-type: none"> ➢ Upon completion of its erection ➢ At interval of not more than 7 days immediately following the last inspection *Contractor's Scaffold Supervisor to furnish Scaffold Checklist										
d) Erection of Metal Scaffolds 4m and above *To furnish Approved Scaffold Contractor Certificate										
e) Erection of Metal Scaffold above 3m *To furnish PE Design & Certificate										
f) Erection of Cantilever and / or hanging scaffold *To furnish PE Design & Certificate										

WAH Control Measures implemented: Indicate Yes / No / NA	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
3. USE OF MOBLIE ELEVATING WORKING PLATFORM (MEWP) SUCH AS SCISSOR LIFT & BOOM LIFT	<input type="checkbox"/> Yes		<input type="checkbox"/> No By stating so, this section will be deem as not applicable				
a) Personnel operating MEWP are trained *To furnish MEWP Operator Certificate							
b) Conduct function test before the use of MEWP The following are functioning (inclusive but not limited to): ➤ Brake ➤ Warning lights ➤ Horn ➤ Safety Interlocks ➤ Outrigger interlocks *To furnish MEWP pre-operation safety checklist							
c) MEWP has been examined by Authorised Examiner and a valid certification is in place *To furnish MEWP AE Certificate							
d) Ground condition is suitable for the use of MEWP							
e) Outriggers are extending according to the manufacturer's instructions (if applicable)							
f) The load (inclusive of the operator and materials) shall not exceed the safe / maximum working load							
g) Work area is free of hazards (electrical hazards, overhead obstruction & etc)							
h) Work area has been cordoned off with warning signages							
i) Enough fall clearance available when Fall Arrest System is used Lifelines installed (together with the anchorage) are inspected and certified by competent person e.g Civil or Professional Engineer *Contractors to furnish such calculation to state: ➤ The lifeline installed is capable to withstand the fall ➤ The number of users per lifeline installed							
j) Protection of area below – Ground area demarcated with warning signs							
4. USE OF ROPE ACCESS SYSTEM	<input type="checkbox"/> Yes		<input type="checkbox"/> No By stating so, this section will be deem as not applicable				
a. Comprises of at least 2 independent anchorage lines, of which is the working line and the other is the safety line							
b. Personnel using the rope access: ➤ Shall be connected to both working and safety line ➤ Working line is equipped with safe means of ascent and descent and has a self-locking system to prevent user from fall							
c. Rope access system used has been inspected by competent person at the start of every work shift on the following (inclusive but not limited to): ➤ No part of the system comes into contact with anything that can affect the safe use of the system ➤ Free from defects ➤ Free from tears or cuts (broken or loose stands) ➤ Free from heat damage ➤ Free from discolouration ➤ Carries a unique marking to allow traceability to a test inspection, through examination or a certificate of conformity *Contractors to furnish their inspection list							
d. Anchorage line of the rope access system is installed in accordance with the design & drawings of a Professional engineer *Contractors to furnish PE design & drawings							

WAH Control Measures implemented: Indicate Yes / No / NA	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
5. Personal Fall Protection Equipment (Travel Restraint / Fall Arrest System Harness, Lanyard & etc)	<input type="checkbox"/> Yes		<input type="checkbox"/> No By stating so, this section will be deemed as not applicable				
a) Lifelines used are inspected by competent person e.g WAH Supervisor on the following (inclusive but not limited to): <ul style="list-style-type: none"> • Lifespan of PPE has not expired • Free from cuts, burns, worn stitches (broken or loose strands) • Connectors free from cracks, dents, corrosion & etc • Energy absorber free from wear & tear and no signs of prior activation • Free from heat damage • Free from discolouration *Contractors to furnish their inspection list							
6. Personnel & Communication	<input type="checkbox"/> Yes		<input type="checkbox"/> No By stating so, this section will be deemed as not applicable				
a) All personnel are adequately trained to perform work at height *To furnish WAH Worker Certificate							
b) Hazards and risk assessment are conducted and communicated							
	Name / Sign	Name / Sign	Name / Sign	Name / Sign	Name / Sign	Name / Sign	Name / Sign
Personnel Protective Equipment to be used. Mark (Yes ✓) or (No X): <input type="checkbox"/> Safety helmet <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Luminous Vest <input type="checkbox"/> Glove <input type="checkbox"/> Goggle <input type="checkbox"/> Ear plugs/mufflers <input type="checkbox"/> Others: _____							
<u>Signed off by Vendor / Contractor Work at Height Supervisor</u> <input type="checkbox"/> I declare that the information provided is accurate and the control measures listed above have been effectively implemented. Name & Signature: _____ Designation: _____ Date / Time: _____							

STAGE 2 : EVALUATION BY SAFETY ASSESSOR (To be completed by Vendor / Contractor Safety Assessor)			
Assessment of Control Measures:	YES	NO	REMARKS (if any)
All reasonably practicable measures have been taken.			
Verification of documents/ interview workers/ others.			
Site Survey with WAH Supervisor:			
All persons on site are protected from falling risks.			
Surrounding areas do not pose additional hazards.			
Multiple Locations/ Extended Duration:			
Hazards are common at various locations/ time period.			
Control measures are applicable and effective.			



Signed off by Vendor / Contractor Work at Height Safety Assessor

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

Name & Signature: _____

Designation: _____ Date / Time: _____

***To furnish WAH Safety Assessor Certificate**

STAGE 3 : ISSUANCE BY AUTHORISED MANAGER (To be completed by Vendor / Contractor Work at Height Authorized Manager)

Review of Permit:	YES	NO	REMARKS (if any)
Proper permit-to-work evaluation has been completed.			
No incompatible works that may pose additional hazards.			
Control measures have been implemented effectively.			
Fall from heights risks have been effectively mitigated.			

Signed off by Vendor / Contractor Work at Height Safety Manager

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

Name & Signature: _____

Designation: _____ Date / Time: _____

***To furnish WAH Manager Certificate**

STAGE 4 : NOTIFICATION OF REMOVAL OF PERMIT (To be completed by ENGIE Authorized Manager)

The permit has been removed for the following reasons:

Permit expired Permit revoked (Reason: _____)

Removed by:

Name & Signature: _____

Designation: _____ Date / Time: _____

Acknowledged by Applicant

Name & Signature: _____

Designation: _____ Date / Time: _____

STAGE 5 : WORK COMPLETED (To be completed by Vendor / Contractor Work at Height Supervisor)

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

Name & Signature: _____

Designation: _____ Date / Time: _____