
 In case of emergency call: 760-476-2202	<h2 style="margin:0;">WORKING AT HEIGHT</h2> <h3 style="margin:0;">WORK PERMIT</h3>	
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Local regulatory requirements will govern if more stringent than those spelled out in this permit. The work governed by this permit must stop if the permit conditions are no longer met. This permit is only valid when all appropriate sections are completed and signed by the appropriate individuals up to and including hand-over (Section 4).

Section 1 General Information

This permit is linked to:

- A General Work Permit or **No:**
- An SOP or other written work instruction **Reference:**

Work Order or/ and Equipment Specific Procedure number:

Permit Working at Height requested by: (name & company) On: (date)

Permit Working at Height valid from: (date & time) To: (date & time)

Plant/ department/ area/ installation/ equipment:

Work description:

Section 2 Scope of Work – Potential Hazards & Mitigations

AVOID HAZARD

1. Can the work be carried out safely other than at height?	<input type="checkbox"/> Yes – Permit not to be issued	<input type="checkbox"/> No – Go to question 2
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PREVENT FALL

2. Will unprotected edges be secured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Go to question 3
The installed rails or other physical barriers are capable of holding back 90 kg (200 lbs)	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
All openings/holes/fragile surfaces have been covered to withstand twice the likely load	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
3. Will scaffolds be used to complete this work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Go to question 4
Will scaffold be erected following a safe work method (e.g., using advance guard rail systems)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
Scaffolds have been inspected by a competent person and released for usage	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
4. Will Mobile Elevated Work Platforms (MEWP) be used to complete this work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Go to question 5
All workers on the MEWP are trained/certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
The MEWP has been subject to a documented inspection prior to use	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
Have overhead areas in the path of the work and in the swing radius of the MEWP been inspected for hazards (e.g. powerlines)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
Are surfaces on which the MEWP will be driven & operated capable of supporting the MEWP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
Are surfaces even/level enough to prevent the MEWP from jumping, skipping or tipping over?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
Will workers in MEWPs be wearing appropriate harnesses which can be correctly tied off? (harnesses are mandatory for boom type MEWPs) → If “YES” also fill out question 6	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Will Ladders be used to complete this work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Go to question 6
The planned work is of low fall risk and short duration	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
The ladder is inspected, suited for the task and can be used in a safe manner	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
People working on the ladders/steps have been trained in their use	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
6. Will Fall Restraint Systems be used to complete this work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Go to question 7
The anchor point(s) are inspected and have the appropriate load ratings	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
Is the anchor point(s) together with the length of the restraint system set at the right distance from the edge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
Workers are trained (& certified if needed) in the use of the fall Restraint/ Retention system (Harness + Lanyard)	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed

MINIMIZE CONSEQUENCE OF FALL

7. Will safety nets or air bags be used to complete this work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Go to question 8
Safety nets / air bags have been inspected by a competent person and released for usage	<input type="checkbox"/> Yes	
8. Will personal Fall Arrest Systems be used to complete this work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Go to question 9
The harnesses and lanyards are inspected, rated and properly tagged	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
The anchor point(s) are inspected and have the appropriate load ratings	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
Is the lanyard stopping distance (incl. the elongation) less than the actual fall distance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
Workers are trained (and certified if needed) in the use of the fall arrest system	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
Name of “standby person” (needs to be knowledgeable in “suspension trauma” hazards)	Name:	

Detail (or attach) the rescue plan to retrieve fallen worker(s):

GENERAL

9. The weather conditions are suitable for the planned work	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
10. The area beneath the working area is secured against falling objects	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
11. The area is suitable to work on (e.g., not too steep or too slippery) and can be reached without being exposed to falls	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed
12. Barricades, signage or spotters are in place, as required	<input type="checkbox"/> Yes	<input type="checkbox"/> No – do not proceed

Describe all other hazards and relevant control measures required to be in place for the duration of the task

Section 3 Authorization and Acceptance

PTW Supervisor/Subject Matter Expert (SME)

I give authorization for the described work to proceed as per the conditions of this permit and I am satisfied that all the hazards associated with this permit to work are controlled.

Name & Company: _____ Phone: _____ Signature _____ Date & Time: _____

JSA or Safe-Plan-of-Action or Work Instruction mandatory for activity(s) :

Person in Charge

I confirm that Person(s) Carrying Out the Work have the appropriate skills, knowledge, information, tools and equipment to perform the work safely. I further confirm that I have explained the permit conditions and control measures with the Person(s) Carrying Out the Work and have ensured these person(s) have received site orientation and general emergency procedures. It is safe to perform the work as defined above.

Name & Company: _____ Phone: _____ Signature _____ Date & Time: _____

Person Carrying Out The Work Person in Charge is sole Person Carrying Out The Work (no extra signature required)

I acknowledge that the permit conditions have been explained to me and by virtue of my signature I commit to adherence of the permit conditions. Each person working on the job must sign.

Persons Carrying Out The Work have signed on the documented risk control procedure (Safe Plan of Action) (check if applicable)

Name & Company:	Signature	Name & Company:	Signature
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Section 4 Hand Over (Start of Work)

Area owner

I have reviewed the plan(s) to complete the described work and I am satisfied that all isolations are completed and the hazards associated with this work will be controlled. I have checked the area(s)/system(s) where the work will be performed and I have not observed issues which should prevent the work from proceeding. I give authorization for the described work to proceed as per the conditions of this permit.

- I have informed all affected System owners Yes NA
- I have informed all affected Area Owners Yes NA
- I have informed all affected Employees Yes NA

Name & Company: Phone: Signature: Date & Time:

Section 5 Hand Back (End of Work)

Person in Charge

All activities associated with this permit to work have been completed, all isolations are removed and the area has been left in a safe, clean and tidy condition.

Name & Company: Signature Date & Time:

Area owner

I have verified, through in place inspection, that the activities associated with this permit have been completed and that the area has been left in a safe, clean and tidy condition.

Name & Company: Signature Date & Time:

Section 6 Extension of Validity

I have verified that General Work Permit No. still applies, also when extension of validity of this Working At Height permit is given.

Extension valid until (Date & time, max 1 day/extension)	Site Expert		Area/ System owner		Person in Charge	
	Name:	Signature:	Name:	Signature:	Name:	Signature:
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Nothing in this Permit shall cause the Owner (Viasat Inc.) to assume responsibility for any of the legal obligations of the Contractor performing the work under applicable laws or the requirements of the Agreement governing the work.

THIS WORK PERMIT MUST BE POSTED IN THE WORK AREA. UPON JOB COMPLETION THIS SIGNED PERMIT MUST BE MAINTAINED FOR 24 MONTHS.