

WAH Permit Serial No.: _____

Section 1 : Application By WAH Supervisor					
Description of Work To Be Carried Out					
Location of Work					
<input type="checkbox"/> Vessel : _____ <small>(Please specify Vessel Name & exact location of work)</small>			<input type="checkbox"/> Land : _____ <small>(Please specify the exact location of work)</small>		
Start Date / Time			End Date / Time		
S/N	Description of WAH Control Measures Implemented	Yes	No	NA	Remarks
1	Safe means of access / egress provided?				
2	Edge protection provided wherever there is falling hazards?				
3	Fall prevention equipments used to access/ egress work platform?				
4	Fall prevention equipments used are adequate and in good condition?				
5	Anchorage / lifeline installed and inspected?				
6	Travel restraint system used to safeguard persons from falling hazards?				
7	All person subjected to falling hazards are equipped with Personal Fall Arrest System?				
8	All person subjected to falling hazards are adequately trained to perform work at heights?				Attached Certificates
9	Fall Protection Plan & Risk Assessment conducted and communicated?				Attached RA
10	Emergency Response Procedure for WAH activities developed and communicated to workers?				Attached Procedure
11	Risk Assessment and worker's training certificate placed on site for inspection?				
12	WAH Permit displayed on site for the duration of the approved task and removed only upon task completion or upon its expiry?				
13	Others (Please specify): _____				
Sketch of the falling hazard area (attached separate sheet/photo if necessary)					
Remarks					
<input type="checkbox"/> I declare that the information provided is accurate and the control measures listed above have been effectively implemented. (attach WAH course certificate for the role)					
_____		_____		_____	
Name / Designation		Signature		Date & Time	
_____		_____		_____	
		Contact No.		Company Name	

Section 2: Evaluation By WAH Safety Assessor

Description of Evaluation List	Yes	No	NA	Remarks
Assessment of Control Measures:				
All reasonably practicable measures have been taken?				
Verification of documents/ interview workers / others?				
Site Survey with Supervisor				
All persons on site are protected from falling hazards?				
Surrounding areas do not pose additional hazards?				
Multiple Location / Extended Duration				
Hazards are common at various locations / time period?				
Control measures are applicable and effective?				
Remarks				
<input type="checkbox"/> I have evaluated the application and is satisfied that all reasonably practicable measures have been taken effectively. (attached WAH course certificate for the role)				
_____	_____	_____	_____	_____
Name / Designation	Signature	Date & Time	Contact No.	Company Name

Section 3: Approval By WAH Authorized Manager

Description	Yes	No	NA	Remarks
Proper Permit-to-work evaluation has been completed?				
No incompatible works that may pose additional hazards?				
Control measures have been implemented effectively?				
Fall from height risks have been effectively mitigated?				
Remarks				
<input type="checkbox"/> I authorize the work at heights to the conditions and duration stated in this permit.				
_____	_____	_____	_____	_____
Name / Designation	Signature	Date & Time	Contact No.	Company Name

Daily Endorsement –(If task exceed 1 day , Daily Endorsement by Authorized Manger is required)

Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Section 4: Task Completion By WAH Supervisor

The WAH task has been : <input type="checkbox"/> Completed <input type="checkbox"/> Suspended due to permit expiry <input type="checkbox"/> Terminated due to change in conditions	Date /Time			
	Remark			
	<input type="checkbox"/> I confirm that the work area has been restored to its original condition and no hazards have been introduced.			
_____	_____	_____	_____	_____
Name / Designation	Signature	Date & Time	Contact No.	Company Name

