

## GENERAL WORK PERMIT

This permit is required for any work to be performed that is identified as non-routine maintenance work with safety and environmental hazard potential, for example, high pressure water jetting, removal of handrails/gratings/fixed ladders, pressure testing (all situations), any work involving spraying of pesticides or insecticides, any work being conducted at the slipway and launch and retrieval of vessels from the slipway.

### SECTION 1: Area Authority

Landside & slipway <input type="checkbox"/> (Authorised by Maintenance Department)	Jetty, Wharf and Marine <input type="checkbox"/> (Authorised by Operations Department)
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### SECTION 1: Applicant Detail's

Name of Permit Applicant/s (Person/s undertaking work onsite) .	Name: Contact No:
Company	
Company representative/contact filling out permit (if different to permit applicant)	Name: Contact No: Email:

### SECTION 2: Description of Location and Activity

Location (including vessel name if applicable)	
Description of Works	
Description of equipment being used	

### SECTION 3: Permit Dates

Permit Requested From: \_\_\_\_\_ (Date) \_\_\_\_\_ (Time) To \_\_\_\_\_ (Date) \_\_\_\_\_ (Time)

Permit Approved: \_\_\_\_\_ (Date) \_\_\_\_\_ (Time) To \_\_\_\_\_ (Date) \_\_\_\_\_ (Time)

### SECTION 4: Permit Conditions

Permit Applicant to tick yes, no or NA to the following:	YES	NO	N/A
1. Will a pre-start discussion take place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. JHA/Procedure has been prepared and is available for the works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will work be occurring in areas where there are asbestos containing materials (ACM)? If yes, this to be included in the JHA and the BrPA asbestos register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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File ref:	SHP ____/
Version:	V1.0 / 76543
Issue date:	June 2015
<b>Permit No:</b>	LSP / MAR

must be signed.			
4. MSDS has been referred to in the JHA and is available for the works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will a spotter/sentry be nominated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the area be barricaded/cordoned off and warning signs displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the person/s conducting the work suitably trained and competent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The required PPE has been identified and will be worn by all persons involved in the activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the equipment you are using fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 5: Permit Applicant Statement of Acknowledgement

I acknowledge the requirements of the Kimberley Ports Authority to identify and control risks and work in a safe manner at all times. I confirm the company I represent/undertaking the work has satisfactory documented safe systems of work in place and that all permits and licences required are current.

Signature:	Position:	
Name:	Date:	/ /

### SECTION 6: KPA Permit Authoriser Review

- Check permit is filled out correctly
- Clarify details with applicant where required.
- Check scheduling for other permits and activities
- For KPA contractors, ensure the relevant KPA contact has been advised of the work (i.e. maintenance department)

### SECTION 7: KPA Permit Authoriser Statement of Acknowledgement (KPA Use Only)

I am satisfied that the applicant/contractor information provided to me is sufficient to show that the contractor has a system in place to fulfil their legal obligations to conduct works in a safe manner. This Permit to Work is approved subject to any conditions listed below.

Signature:	Position:	
Name:	Date:	/ /

Special Conditions for approval – if any: \_\_\_\_\_  
 \_\_\_\_\_

### SECTION 8: Completion Sign Off

Permit Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

KPA Authorised Person: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_