

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: | |
| 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 and includes any isolation or shut down of equipment and a drawing/sketch of the excavation area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The area where works are occurring has been checked for services and the locations of any services are known (i.e. telephone/data cables, electrical cables, sewerage lines, gas pipelines or fuel lines). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will work be occurring in areas where there is asbestos containing materials (ACM)? If yes, this to be included in the JHA and the BrPA asbestos register must be signed. | <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"/> |

**EXCAVATION AND PENETRATION
WORK PERMIT**

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: _____