

ELECTRICAL WORK PERMIT

This permit is required for any work on or near high or low voltage equipment. Note: for any work involving isolation please also refer to the KPA Electrical Access Protocol.

SECTION 1: Area Authority

Landside & slipway <input type="checkbox"/> (Authorised by Maintenance Department)	Jetty, Wharf and Marine <input type="checkbox"/> (Authorised by Operations Department)
High Voltage <input type="checkbox"/>	Low Voltage <input type="checkbox"/>

SECTION 2: Applicant Detail's

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

SECTION 3: Description of Location and Activity

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

SECTION 4: Permit Dates

Permit Requested From: _____ (Date) _____ (Time) To _____ (Date) _____ (Time)

Permit Approved: _____ (Date) _____ (Time) To _____ (Date) _____ (Time)

SECTION 5: 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 which includes steps for equipment isolation and shut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If conducting HV work, has the minimum distance to be maintained from the high voltage area been explained to those involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will a spotter/sentry be nominated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the area be barricaded/cordoned off and warning signs displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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File ref: SHP___/
Version: V1.1 / 76555
Issue date: April 2016
LAN / MAR
Permit No:

Permit Applicant to tick yes, no or NA to the following:	YES	NO	N/A
6. 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"/>
7. Is the equipment you are using fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: 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 7: 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 8: 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 9: Completion Sign Off. **Please present this form to gatehouse on departure**

Permit Applicant: _____ Date: _____ Time: _____ Signature: _____

KPA Authorised Person: _____ Date: _____ Time: _____ Signature: _____

KPA may withdraw this permit at any time if unsafe work practices are seen.