

This form is for the purpose of obtaining permission to conduct works which involve entry into a confined space in Port Water or on Port Lands.

A JHA and rescue plan is required to be submitted with this application.

SECTION 1: Area Authority

<p>Landside & slipway <input type="checkbox"/></p> <p>(Authorised by Maintenance Department)</p>	<p>Jetty, Wharf and Marine <input type="checkbox"/></p> <p>(Authorised by Harbourmaster or Deputy Harbourmaster)</p>
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SECTION 2: 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 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. Does the JHA/Procedure include a safe means of access/egress to the work location and PPE requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a spotter/sentry been nominated and method of communication confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the area be barricaded/cordoned off and warning signs displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the person/s conducting the work suitably trained and competent as per Australian Standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the rescue plan been discussed, documented and communicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CONFINED SPACES
WORK PERMIT**

Permit Applicant to tick yes, no or NA to the following:	YES	NO	N/A
6. Is the equipment you are using fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the task be carried out in accordance with AS2865-2009 Confined Spaces and any other applicable Codes of Practice and Guidance Notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the person/s conducting the work suitably trained and competent?	<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. Once the permit is authorised ensure that section 9 is completed prior to commencement of activity if applicable.

Signature:	Position:	
Name:	Date:	/ /

SECTION 7: KPA Permit Authoriser Review

- Check supporting documents are completed (Rescue Plan, JHA, SOP where required)
- 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: Notification to the Vessel Master Prior to Activity Commencement (if applicable)

Prior to activation of the permit, the Permit Applicant must notify the Vessel Master who will sign below:

Vessel Master Name: _____ Signature: _____

- Vessel Master to notify KPA on commencement and completion of activity on Channel 14 or via email if outside office hours to operations@kimberleyports.wa.gov.au

SECTION 10: 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.