

**ABRASIVE BLASTING & SPRAY
PAINTING WORK PERMIT**

The Permit Applicant must ensure that all works comply with both the Environmental Protection (Abrasive Blasting) Regulations 1998 and Environmental Protection (Metal Coating) Regulations 2001.

SECTION 1: Area Authority

Landside
(Authorised by Maintenance Department)

Wharf, Marine & Slipway
(Authorised by Harbourmaster or their delegate)

SECTION 2: Applicant Detail's

Name of Permit Applicant
(person undertaking work onsite)

Name:
Contact No:

Abrasive Blasting Registration
Number

Company

Company representative/
contact filling out permit (if
different to permit applicant)

Name:
Contact No:
Email:

SECTION 3: Description of Location and Activity

Location

Description of Works
(including the abrasive blasting
media to be used)

Description of equipment
being used

SECTION 4: Permit Dates

Permit Requested For (to be filled out by permit applicant)

Start Date:

End Date:

Start Time:

End Time:

Permit Dates Authorised (to be filled out by Permit Authoriser)

Start Date:

End Date:

Start Time:

End Time:

SECTION 5: Permit Conditions

Permit Applicant to tick yes or no to the following:

YES

NO

1. Will a pre-start discussion take place?

2. JHA/Procedure has been prepared and is available for the works?

3. The area where works are occurring has been checked and cleared for potential ignition sources?

4. Appropriate shrouding, tarpaulins or other similar material will be used to fully enclose the abrasive blasting operations and prevent airborne material / debris escaping the work area (this is especially relevant near marine waters)?

Permit Applicant to tick yes or no to the following:	YES	NO
5. Areas located over waters subject to abrasive blasting will be boarded (or have similar effective containment) across the base and at edges to minimise abrasive material entering marine environment?	<input type="checkbox"/>	<input type="checkbox"/>
6. All used abrasive and waste products generated will be contained in enclosed bins (or similar) and securely stored before appropriate disposal to an approved facility?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will a spotter/sentry be nominated?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the area be barricaded/cordoned off and warning signs displayed?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the person/s conducting the work suitably trained and competent?	<input type="checkbox"/>	<input type="checkbox"/>
10. The required PPE has been identified and will be worn by all involved?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the equipment you are using fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>
12. For KPA Contractors and licence holders, has the relevant department (eg Maintenance, Engineering, Ops or HSE) been advised of the works?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: Applicant Statement of Acknowledgement

By signing this document, the Applicant:

- Agrees that they are responsible for the works being undertaken and that they will work in a safe manner at all times and ensure that their contractors work in a safe manner;
- Confirms that the company they represent and contractors they use at the Port of Broome will:
 - (i) have safe systems of work in place;
 - (ii) use equipment that is certified (when required) and fit for purpose;
 - (iii) be competent in the type of work being undertaken; and
 - (iv) hold all required permits and licences.

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, or work on port infrastructure, ensure the relevant KPA contact has been advised of the work (i.e. Maintenance department, Engineering or Operations)

SECTION 8: KPA Permit Authoriser Statement of Acknowledgement (KPA Use Only)

I have reviewed the permit, checked for any conflicting works and can confirm that this Permit to Work is authorised subject to any conditions listed below.

Signature:		Position:	
Name:		Date:	/ /

Special Conditions for approval – if any

SECTION 9: Completion Sign Off. (Provide form to Gatehouse or KPA contact on departure)

Permit Applicant		Signature:		Date & Time	
KPA Rep		Signature		Date & Time	