

	<b>WORKING AT HEIGHT, OVER THE SIDE &amp; WORKBOX WORK PERMIT</b>	File ref: SHP___/
		Version: V1.1 / 99544
		Issue date: April 2016
		<b>Permit No:</b> LSP / MAR

The following Permit is required for tasks that include working at heights, working over the side, crane workbox and/or forklift workbox.

Note: for KPA employees requiring a forklift workbox or WP-C6 crane cage permit, the shift supervisor is authorised to issue these permits.

**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 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:

**SECTION 3: Description of Location and Activity**

Location (including vessel name if applicable)	
Tick which activities you will be undertaking:	<input type="checkbox"/> Working at Heights <input type="checkbox"/> Forklift Workbox or WP-C6 crane cage <input type="checkbox"/> Over the side <input type="checkbox"/> Crane Workbox
Description of Works	
List 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 includes a safe means of access/egress to the work location, PPE requirements and fall restraint/arrest equipment requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has a pre start inspection been carried out and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4. Are secure and rated anchor points available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the spotter/sentry been nominated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the method of communication been confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the area be barricaded/cordoned off and warning signs displayed?	<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"/>
9. Has the rescue plan & lift plan been discussed, documented and communicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the equipment you are using fit for purpose and has been inspected, tagged and in date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 6: Permit Applicant Statement of Acknowledgement**

I acknowledge the requirements of the Broome Port 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 supporting documents are completed (Rescue Plan, JHA, SOP, Lift plan 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: 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.**