

	<b>WORKING AT HEIGHT, OVER THE SIDE &amp; WORKBOX WORK PERMIT</b>	File ref: Version: V4.4 / 115774 Issue date: Feb 2020 <b>Permit No:</b> _____
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The following Permit is required for tasks that include working at heights, working over the side, crane workbox, forklift workbox and includes rescue plan details if required. Note: for KPA employees undertaking forklift workbox work or using a WP-C6 crane a permit is not required.

SECTION 1: Applicant Detail's			
Name of Permit Applicant (person 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			
Vessel Name or Site Location			
Tick which activities you will be undertaking:	<input type="checkbox"/> Working at Heights <input type="checkbox"/> Over the side/Work over Water <input type="checkbox"/> Crane Workbox		
Description of Works			
Equipment being used			
SECTION 3: Rescue Plan			
To be filled out by the permit holder if they have enough people in their team to enable their own rescue team. If left blank, Operations are to allocate a rescue team based on the next day's rostering.			
Is a Rescue Plan Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rescue Team on CH4
Rescuer in Charge (to be chosen by Ops if left blank)			
Person 2			
Person 3			
Person 4			
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:	Y	N
1. Will a pre-start discussion take place?	<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"/>
3. Has a pre start inspection been carried out and recorded?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are secure and rated anchor points available?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the spotter/sentry been nominated?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a rescue team been allocated?		
7. Has the method of communication been confirmed?	<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. Has the rescue plan & lift plan been discussed, documented and communicated?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the equipment you are using fit for purpose and has been inspected, tagged and in date?	<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 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, 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	
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**SECTION 9: Completion Sign Off. (Provide form to Gatehouse or KPA contact on departure)**

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