

**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**

Site Location	
Description of Works	
Equipment being used	

**SECTION 3: 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 4: Permit Conditions**

Permit Applicant to tick yes, no or NA to the following:	YES	NO
1. Will a pre-start discussion take place?	<input type="checkbox"/>	<input type="checkbox"/>
2. JHA/Procedure has been prepared and is available for the works and includes any isolation or shut down of equipment and a drawing/sketch of the excavation area?	<input type="checkbox"/>	<input type="checkbox"/>
3. The area where works are occurring has been checked for services and the locations of any services are known (i.e. telephone/data cables, electrical cables, sewerage lines, gas pipelines or fuel lines).	<input type="checkbox"/>	<input type="checkbox"/>
4. Are works within <b>10 Meters</b> of marked fuel lines? If yes, Engineering Department to approve works and Maintenance Supervisor to contact Broome Pipelines to arrange site meeting.	<input type="checkbox"/>	<input type="checkbox"/>
5. Will work be occurring in areas where there is asbestos containing materials (ACM)? If yes, this to be included in the JHA and the KPA asbestos register must be signed.	<input type="checkbox"/>	<input type="checkbox"/>
6. Will a spotter/sentry be nominated?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the area be barricaded/cordoned off and warning signs displayed?	<input type="checkbox"/>	<input type="checkbox"/>

Permit Applicant to tick yes, no or NA to the following:	YES	NO
8. Is the person/s conducting the work suitably trained and competent?	<input type="checkbox"/>	<input type="checkbox"/>
9. The required PPE has been identified and will be worn by all persons involved in the activity?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the equipment you are using fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>
11. For KPA Contractors and licence holders, has the relevant department (e.g. Maintenance, Engineering, Ops or HSE) been advised of the works?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 5: 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 6: 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, Engineering or Operations)

**SECTION 7: 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 8: Completion Sign Off. (Provide form to Gatehouse or KPA contact on departure)**

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