

ABRASIVE BLASTING & SPRAY PAINTING WORK PERMIT

Broome Port Services

File ref: Version: Issue date: SHP_ _/ V1.3 / 76598 Feb 2020

Permit No:

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: Applicant Detail's									
Name of Permit Applicant	Name:								
(person undertaking work onsite)	Contact No:								
Abrasive Blasting Registration									
Number									
Company									
Company representative/	Name:								
contact filling out permit (if	Contact No:								
different to permit applicant)	Email:								
SECTION 2: Description of	Location and Activi	ty							
Location									
Description of Works									
(including the abrasive blasting									
media to be used)									
Description of 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 Condition				YES					
Permit Applicant to tick yes or no to the following:					NO				
Will a pre-start discussion take place?									
 JHA/Procedure has been prepared and is available for the works? The area where works are occurring has been checked and cleared for potential 									
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)?									
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?									



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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?										
Permit Applicant to tick yes or no to the following:							NO			
7. Will a s	potter/sentry	be nominated?								
8. Will the	area be barr	ricaded/cordone	ed off and warr	ning signs displa	yed?					
9. Is the person/s conducting the work suitably trained and competent?										
10.The rec	quired PPE h	as been identifi	ed and will be	worn by all invol	ved?					
11.Is the equipment you are using fit for purpose?										
12.For KPA Contractors and licence holders, has the relevant department (e.g. Maintenance, Engineering, Ops or HSE) been advised of the works?										
SECTION	5: Applican	t Statement o	of Acknowle	dgement						
 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, or work on port infrastructure, ensure the relevant KPA contact has been advised of the work (i.e. Maintenance department, Engineering or Operations) 										
SECTION	7: KPA Per	mit Authorise	er Statement	of Acknowled	lgement (KPA Use O	nly)				
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 8: Completion Sign Off. (Provide form to Gatehouse or KPA contact on departure)										
Permit Appli	icant		Signature:		Date & Time					
KPA Rep			Signature		Date & Time					