

PERMIT TO DEMOLISH

Project Name:

Emergency Contact Numbers:

Project Work Details:

1.(a) Location of Work

(b) Name of Contractor

Address:

.....

(c) Site Supervisor's Name

(d) Out of Hours Phone Contact No.

(e) Permit Valid

From: Date: / / Time: am/p

To: Date: / / Time: am/pm

(f) Description of work to be undertaken

.....
.....

(g) Details of Personal Protective Equipment to be provided and worn are:

.....
.....

(h) Plant and Equipment involved:

.....
.....

(i) Plant and equipment services and records available and acceptable? Yes No

(j) Is an Engineer's Structural Design Report necessary? Yes No (if yes, is it attached?)

A RISK ASSESSMENT MUST BE UNDERTAKEN AND A COPY IS TO BE ATTACHED TO THIS PERMIT. THE REMAINING DETAILS OF THIS PERMIT ARE TO BE IMPLEMENTED, CHECKED AND COMPLETED BY THE SUBCONTRACTOR BEFORE WORK PROCEEDS. ONLY WORK LISTED MAY BE DONE.

2. ISOLATION OF WORK AREA

The items ticked below have been isolated and made safe:

(a) Pipelines (water, steam, gas, fuel etc)

(b) Cables – Telecom, Data, Communication

(c) Pits/containers, tanks – all underground pits/tanks have been isolated/purged and made safe

(d) Electrical – cables, conduits, switchboards

Yes	N/A
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3. IDENTIFICATION OF IN-SLAB, IN-WALL OR UNDERGROUND SERVICES

The items ticked below have been isolated and made safe:

(a) Services will be located using service/cable/pipe locations

(b) Existing services and identified services have been chalked/line marked or painted onto ground or wall surfaces or identified by other means (flags or plastic tape)

(c) A site plan, drawings or sketch is marked up and the services (location and type) are identified on the plan/drawings

Yes	N/A
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

4. OTHER PRECAUTIONS

The following precautions will be observed:

(a) Demolition by hand will occur within 600mm of services

(b) Services will be temporarily supported during demolition to prevent damage

Yes	N/A
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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- (c) Exposed services will be tagged with appropriate warning or danger tags
- (d) Shoring, back propping, bracing procedures are available and will be checked by a competent person (engineer/consultant)
- (e) Adjoining structures will be underpinned to an engineer's design (attached)
- (f) Barricades, signs and flashing lights will be used
- (g) Police/flagmen have been engaged
- (h) Road/footpath closure permits have been obtained

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The following precautions will be observed:

- (i) Overhead power lines etc have been identified/isolated/protected by tiger tails
- (j) Plant/equipment will not come within 2.0 metres of overhead power lines
- (k) Demolition area properly lit and ventilated
- (l) Earthmoving/demolition plant has been fitted with FOPS
- (m) Lifting gear and plant is suitable to hoist material (lifting hooks and slings on cranes)
- (n) Mechanical demolition plant details/drawings and procedures have been provided and design checked by a competent person (engineer/consultant) for work on suspended slabs and a copy is attached

Yes	N/A
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

5. EMERGENCY RESPONSE ARRANGEMENTS

- (a) Standby personnel are: Names 1.....
2.....3.....
- (b) Emergency response procedures are attached and understood by the people involved
- (c) Emergency recovery equipment to be used is:
- (d) Procedures for prevention of water ingress and subsequent collapse have been developed (attached)

Yes	N/A
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

6. INSPECTION BY OTHER TRADES

The following other Service Trades have been contacted and have inspected the area:

Name: Signature: Date:

Name: Signature: Date:

7. COMPETENT PERSON (to complete)

I have inspected the area and advise that propping or temporary bracing * is / is not * required for the works outlined in this permit and for the period of time outlined in this permit.

A design of the propping/bracing system* is/is not required * (a copy of the design and drawings/details are attached)
 Details of my qualifications and experience are

.....

Signed..... (competent person)

Appointment of Licensed Demolisher

Name is appointed as a licensed demolisher for these works.

Signed..... (Proline Project Manager)

8. SUBCONTRACTOR HOLD POINT

The works described and precautions outlined above and those detailed in the attached demolition work plan are (in my opinion) a safe condition for the work to be done, provided they are fully observed.

Subcontractor:.....Date:/...../..... Time: am/pm

* I / We * understand the procedures required for the works and the safety equipment and measures to be used.

Signed: [Employee] Date:/...../..... Time: am/pm

Signed: [Employee] Date:/...../..... Time: am/pm

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9. REVIEW HOLD POINT (to be completed by Proline)

This permit has been reviewed by Proline and the works may proceed based on the requirements outlined on this permit and the respective Subcontractor Safe Work Method Statements, EH&S legislation, Codes and Specifications are complied with.

Proline : Date:/...../..... Time: am/pm

10. WORK SUSPENDED

All persons and equipment have been removed from the demolition area and work has been suspended. The following observations of unsatisfactory aspects of the Permit to Demolish are noted for attention prior to undertaking further work:

.....
.....
.....

General Foreman/Site Supervisor:..... [Proline] Date:/.../.... Time: am/pm

11. WORK COMPLETED

All persons and equipment have been removed and work has been completed.

General Foreman/Site Supervisor:..... [Proline] Date:/.../.... Time: am/pm