

PERMIT TO CUT OR DRILL

Project Name:

Job No:

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/pm

To: Date: / / Time:
am/pm

(f) Description of work to be undertaken

.....
.....

(g) Initiator of Request (Subcontract Date Time:
.....am/pm

(i) Fire

(ii) Police

(iii) Ambulance

(iv) Poisons Info Line

(v) Chemical Hazards Unit

(vi) Telephone/Data

(vii) Electrical

(viii) Gas/Fuel Supplier

(ix) Water

(x) Sewerage

(xi) Traffic Control

(xii) Building Manager/Client

(xiii) Proline Supervisor

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 (IN-SLAB, IN-WALL)

The items ticked below have been isolated and made safe:

- (a) Pipelines (water, steam, gas, fuel, etc)
- (b) Mechanical plant or equipment
- (c) Core holes, chases and cutting lines are clearly marked outlining position and depth
- (d) Cable telephone/communications
- (e) Electrical services
- (f) Warning notices, shields, barricades in place
- (g) Isolation / danger / lock-out tags in place
- (h) A plan / drawings or sketch is marked up with the location of core holes, cutting lines and services (type and location) identified on the plan / drawings
- (i) Service trades below have been contacted and have inspected the work area:

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

Name: Signature: Date:

Name: Signature: Date:

Name: Signature: Date:

3. PERSONAL PROTECTIVE EQUIPMENT

The following personal protective equipment ticked below shall be worn:

- | | | | | | |
|---|------------------------------|------------------------------|---------------------|------------------------------|------------------------------|
| (a) Supplied-air respirators | Yes <input type="checkbox"/> | N/A <input type="checkbox"/> | (b) Eye protectors | Yes <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (c) Safety belt, harness and/or safety line or lifeline / rescue line | <input type="checkbox"/> | <input type="checkbox"/> | (d) Foot protection | <input type="checkbox"/> | <input type="checkbox"/> |

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- (e) Hand protection
- (g) Protective clothing
- (i) Respiratory protective devices. Type
.....

- (f) Hearing protection
- (h) Safety helmets

4. DRILLING / CUTTING PRECAUTIONS

The following precautions will be observed:

- (a) Flammable liquids, vapours, gases, dusts removed
- (b) Area clean and free of all materials within 4.0 metres
- (c) Appropriate fire extinguishers (type, number and size) on site near the source of ignition / sparks
- (d) Where services / holes / cuts intersect, service contractor to be in attendance during drilling or cutting
- (e) A water hose / fire reel run to job site
- (f) Operator knows fire emergency procedure and location of nearest phone / fire alarm
- (g) All sparks from work more then 1.8 metres above ground contained completely by a suitable enclosure or barricaded at ground level / area below for 4.0 metres
- (h) Drilling or cutting machine services maintained and used
- (i) Power leads not draped across accessways / roadways / sharp edges
- (j) Power leads tested and operating correctly
- (k) Area properly ventilated (exhaust fans and tubes etc supplied)
- (l) Off-cuts and concrete cores disposed of safely

Yes	N/A

5. EMERGENCY RESPONSE ARRANGEMENTS

- (a) Standby persons are available:- 1..... 2..... 3.....
- (b) Emergency response procedures for works in trenches/excavations are attached and understood by people involved
- (c) Other precautions have been taken (attached)
- (d) Warning signs / notices and barricades are in position
- (e) Other works have been excluded from the drilling or cutting area
- (f) Special precautions to contain wet slurry, dust, noise are in place

Yes	N/A

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. SUBCONTRACTOR HOLD POINT

The works described and precautions outlined above 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

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

8. 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, WHSE legislation, Codes and Specifications are complied with.

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

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9. WORK SUSPENDED

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

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

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

10. WORK COMPLETED

All persons and equipment have been removed and work has been completed and any plant or machinery * is / is not * fit for use.

General Foreman/Site Supervisor:..... [Proline]

Date: / / Time: am/pm