

# PERMIT TO WORK IN PUBLIC SPACES

**Project Name:** .....

**Emergency Contact Numbers:**

**Project Work Details:**

- |  |  |
|--|--|
| <p>1.(a) Location of Work .....</p> <p>(b) Name of Contractor .....</p> <p>Address: .....</p> <p>.....</p> <p>(c) Site Supervisor's Name .....</p> <p>(d) Out of Hours Phone Contact No. ....</p> <p>(e) Permit Valid</p> <p>From: Date:     /     /     Time:     am/p</p> <p>To: Date:     /     /     Time:     am/pm</p> <p>(f) Description of work to be undertaken</p> <p>.....</p> <p>.....</p> <p>(g) Initiator of Request .....</p> | <p>(i) Fire .....</p> <p>(ii) Police .....</p> <p>(iii) Ambulance .....</p> <p>(iv) Poisons Info Line .....</p> <p>(v) Chemical Hazards Unit .....</p> <p>(vi) Telephone/Data .....</p> <p>(vii) Electrical .....</p> <p>(viii) Gas/Fuel Supplier .....</p> <p>(ix) Water .....</p> <p>(x) Sewerage .....</p> <p>(xi) Traffic Control .....</p> <p>(xii) Building Manager/Client .....</p> <p>(xiii) Proline Supervisor .....</p> <p>(Subcontracto Date ..... Time: .....am/pm</p> |
|--|--|

**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:

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | N/A                      |
| (a) Pipelines (water, steam, gas, fuel, etc)  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Mechanical plant or equipment   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Core holes, chases and cutting lines are clearly marked outlining position and depth  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Cable telephone/communications  | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Electrical Services isolated and danger tagged or identified  | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Warning notices, shields, barricades in place   | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Isolation/danger/lock-out tags in place on any plant  | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) A Plan/Drawings or Sketch is marked up with the location of barricades/hoardings/gantries, access & egress points<br>storage areas and vehicle parking areas identified | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Service trades contacted and have inspected work area   | <input type="checkbox"/> | <input type="checkbox"/> |

Name..... Signature.....  
Date.....

Name..... Signature.....  
Date.....

## 3. PERSONAL PROTECTIVE EQUIPMENT

The following personal protective equipment ticked below shall be worn:

- |                               |                          |                          |  |                          |                          |
|-------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
|                               | Yes                      | N/A                      |  | Yes                      | N/A                      |
| (a) High visibility vests     | <input type="checkbox"/> | <input type="checkbox"/> | (b) UV protection - hats, shirts, sun screen | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Eye protection / shields  | <input type="checkbox"/> | <input type="checkbox"/> | (d) Hand protections                         | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Feet and ankle protection | <input type="checkbox"/> | <input type="checkbox"/> | (f) Protective clothing                      | <input type="checkbox"/> | <input type="checkbox"/> |

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- (g) Hearing protection   (h) Safety helmets    
 (i) Safety harness and/or safety line / rescue line

**4. OTHER PRECAUTIONS**

The following precautions will be observed:

- |   | Yes                      | N/A                      |
|---|--------------------------|--------------------------|
| (a) Flammable liquids, vapours, gases, dusts removed  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Area clean and free of all materials within ..... metres  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Appropriate fire extinguishers (type, number and size ..... on site near the source of ignition/sparks)   | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Where services are exposed service contractor to be in attendance during drilling or cutting  | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) A water hose/fire reel run to job site  | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Operator knows fire emergency procedure and location of nearest phone/fire alarm  | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) All sparks from work more than 1.8 metres above ground contained completely by a suitable enclosure or barricaded at ground level/area below for 4.0 metres | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) All plant and equipment to be used is tested, tagged and maintained   | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Power leads not draped across access ways/road ways/sharp edges and are plugged into a RCD protection device  | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Power leads and tools tested, tagged and operating correctly  | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) Area properly ventilated (exhaust fans and tubes etc supplied)  | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) Off-cuts and concrete cores disposed of safely  | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) Building Manager/Client has agreed date, time, duration of work and area of work  | <input type="checkbox"/> | <input type="checkbox"/> |
| (n) Security guards/alarms in place   | <input type="checkbox"/> | <input type="checkbox"/> |
| (o) Materials and plant are not stored in exits, passageways, doorways, access paths  | <input type="checkbox"/> | <input type="checkbox"/> |
| (p) Temporary lighting and generators are adequate for the work   | <input type="checkbox"/> | <input type="checkbox"/> |
| (q) Detour signs, flashing lights, caution signs, public notices and announcements have been issued and are in place  | <input type="checkbox"/> | <input type="checkbox"/> |
| (r) Local Authority footpath occupancy and roadworks permits or approvals have been obtained and copies to kept on site   | <input type="checkbox"/> | <input type="checkbox"/> |

**5. EMERGENCY RESPONSE ARRANGEMENTS**

- |  | Yes                      | N/A                      |
|--|--------------------------|--------------------------|
| (a) Standby personnel are: Names 1.....<br>2.....3.....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Emergency response procedures are attached and understood by the people involved | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Other precautions have been taken (attached)                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Warning signs/notices and barricades are in position                             | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Other works have been excluded from the area                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Special precautions to contain spills, wet slurry, dust, noise are in place      | <input type="checkbox"/> | <input type="checkbox"/> |

**6. SUBCONTRACTOR HOLD POINT (to be completed by Subcontractor)**

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

**7. 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

**8. WORK SUSPENDED**

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

.....  
.....

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

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

**9. WORK COMPLETED**

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

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

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