HAZARDOUS WORKS PERMIT

TO BE COMPLETED BY THE CONTRACTOR

Contract Company Name: ____________________________

Contractor Name: ____________________________

Description of Works: ____________________________

Location of Works: ____________________________

Period of Work: Date from: ______ to: ______

Time from: ______ to: ______

Campus Life Contact: ____________________________

PERMIT REQUEST

☐ Hot Works  ☐ Confined Spaces  ☐ Work at Heights  ☐ Trenching

POTENTIAL RISKS OR HAZARDS

☐ Depth  ☐ Confined Space  ☐ Dust

☐ Flooding  ☐ Temperature  ☐ Fumed / Vapours

☐ Height  ☐ Ignition Source  ☐ Lighting

☐ Noise  ☐ Slip / Trip  ☐ Pressure

☐ Substance Exposure  ☐ Radioactivity  ☐ Restricted Vision

☐ Vibration  ☐ Weather  ☐ Additional: ____________________________

DOCUMENTATION / INFORMATION REQUIRED

☐ Certified training specific to the work activity and the individuals performing the activity

☐ Equipment Checklist

☐ Equipment Registration

☐ Prescribed Occupational Ticket

☐ Risk Assessments Completed

☐ Safe Work Method Statements Provided

☐ Traffic Management Plan

☐ Additional: ____________________________

PERSONEL PROTECTION EQUIPMENT REQUIRED

☐ Body Protection  ☐ Ear Protection  ☐ Eye Protection

☐ Fall Protection  ☐ Face Protection  ☐ Hand Protection

☐ Head Protection  ☐ Hi-Viz Clothing  ☐ Life Vest

☐ Safety Footwear  ☐ Other: ____________________________

Page 1 of 2  GEN-0059.B
HAZARDOUS WORKS PERMIT

RISK CONTROL MEASURES

- Air Monitoring
- Barricading
- Communication
- Edge Protection
- Exclusion Zone
- Extraction
- Gantry
- Fire Suppression
- Fall Protection Systems
- Health Surveillance
- Isolation
- Material Safety Data Sheets
- Signage
- Spill Control
- Spotter
- Traffic Control
- Additional:

CONTRACTOR'S PERMIT TO WORK

1. I understand the obligations under the Occupational Health Safety Act, Regulations, approved Codes of Practice and Australian Standards that are applicable to the work being undertaken and to the circumstances in which the contract will be affected.

2. I have received a copy of and understand the requirements of Macquarie University’s ‘Site Induction Handbook for Contractors’.

3. I have certifications and qualifications that are required by legislation.

4. I will cease working, make safe the workplace and contact the Campus Life Contract / Facilities Coordinator if I become aware of danger to myself or others during the period of the contract.

5. I have a current Workers Compensation and Rehabilitation Insurance Policy in place.

Signed: ____________________________ Date: ____________________________

WORKS APPROVAL

- Documentation Provided
- Required PPE in use
- Risk Controls in Place
- Inspection Completed
- The works described above are in my opinion in a safe condition for the work to be done, provided that the precautions above are fully observed.
- The work team understands the procedures required for hot works and the protective measures and equipment to be used.

Permit Valid From: __________________ am / pm Date: __________________
Permit Valid To: __________________ am / pm Date: __________________
Responsible Person: ____________________________

SIGNING OUT

- All Works have been completed
- EWIS Systems have been returned to normal operation

Responsible Person: ____________________________