

## Permit to Work Form

### SECTION 1 – APPLICATION DETAILS

(Head or Principal Contractor must complete all details on this page)

1.1 Contact Details					
Applicant Name:		Company:		Date:	
Position:		Mobile Phone:		Email:	
RMIT Representative (Name):		<input type="checkbox"/> Capital Works	<input type="checkbox"/> Facilities & Asset Mgt	<input type="checkbox"/> Other	
1.2 Works Information					
Building:	Level:	Room:	Description of Work to be carried Out: <i>Note: one permit is required per building</i>		
Impact: Will these works cause impact outside your designated work site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes describe impact e.g. noise, dust, vibration, transport & materials, skips, etc.?					
Has the Building Impacts and Risk Register been reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details:					
Cost Code (mandatory for isolations)		PSG#:		OR Work Request/IO Code:	
<b>Notes: Permit requests submitted without a valid cost code will be rejected and associated works may be delayed.</b>					
1.3 Summary of Permit Application					
Please tick Permits Requested in Application		Permit Dates		Details of Current Valid Permits for this	
		Start Date	Finish Date	Permit Ref #	Expiry Date
<input type="checkbox"/>	Fire Isolation				
<input type="checkbox"/>	Services Isolation				
<input type="checkbox"/>	Working at Height				
<input type="checkbox"/>	Excavation / Floor Penetration				
<input type="checkbox"/>	B108 /201 Permit				
<input type="checkbox"/>	Hazardous Materials				
<input type="checkbox"/>	Hot Work				

**SECTION 2 – Fire and Services Isolation Permit  
(Contractor to complete if required)**

**2.1 Isolation Request**

*Notes: Permit requests submitted without a valid cost code will be rejected and associated works may be delayed.*

- All Fire service isolations are to be conducted by Airmaster only.
- All Airmaster activities are chargeable.

Who on site is to be notified of Fire Service Isolations - Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Please specify contractor to carry out the following isolations, if isolation is required

Electrical contractor	Mechanical contractor	Hydraulic /Water contractor
Gas contractor	Other contractor	Other contractor

**2.2 Isolation Details**

**Fire Service Isolations**  
Only Airmaster have authority to isolate RMIT Fire Services

**All Other Isolations Services**

Day #	Date (DDMMYY YY)	Isolation Time (XX:XX 24hr)	Deisolation Time (XX:XX 24hr)	Fire Service Isolations					All Other Isolations Services					
				Smoke*	Thermal*	Sprinklers*	Hydrant*	Gas Suppression	Mechanical	Gas	Electrical	Hydraulic/W	Other	
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**Works to only commence once conformation of isolation has occurred and Lock out Tag out (LOTO) processes are in place**

**SECTION 3 – Working at Heights  
(Contractor to complete if required)**

**3.1 Type of Fall Protection System**

RMIT Work at Height permit is required where using RMIT maintained height access infrastructure. If applicable, please select from below selections.

<input type="checkbox"/> Fall restraint system	<input type="checkbox"/> Limited Free Fall – max free fall less than 600mm	<input type="checkbox"/> Fall-arrest system – max free fall 2m	<input type="checkbox"/> Rope access
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**3.2 Mandatory Requirements** Answer 'Yes', 'No' or 'N/A' for each question

Answers must be 'Yes', for RMIT to approve the Working at Height Permit.	YES	NO
Number of Workers working at height _____		
Are RMIT installed or maintained fall protection systems being utilised. If no, - Permit is <u>not</u> required		
Will person be walking or working on fragile surfaces		
Are all single-person fall-arrest anchor points capable of withstanding 15kN? and tagged within 12 months?		
Are all two person fall-arrest anchor points capable of withstanding 21kN? and tagged within 12 months?		
Do all fall-arrest systems use a full-body harness with a shock-absorbing lanyard or inertia device?		
Fall restraint/arrest equipment inspected prior to use e.g. equipment tagged or log books available?		
Is all fall protection equipment tagged with current inspection dates?		
Have controls been put in place to ensure no person at height will be working in isolation?		
Will there be a spotter/observer in place to initiate rescue plan?		
Have personnel working or operating equipment at height received adequate information, instruction and training?		
<b>Dropped Objects</b>		
Are controls in place for potential falling objects e.g. tools tethered, exclusion zone, spotter, catch platform, signage?		
Does the work method protect workers on lower levels?		
Will an exclusion zone be established below the work area?		
<b>3.3 The following information must be attached to this permit application:</b>	YES	NO
An RMIT site and task specific Safe Work Method Statement, including Rescue Plan (SWMS).		
Evidence of appropriate competency of workers. Working at height <i>Minimum competency requirement is National recognised course - RIIWHS204D - Work safely at heights.</i>		
Evidence of appropriate competency of workers.	<b>ARATA or IRATA</b>	
Rope access <i>Minimum competency requirement is National recognised course</i>	Project Supervisor	Level 3 RAT
	Site Supervisor	Level 2 RAT
	Rope Access	Level 1 RAT

**SECTION 4 – Excavation or Floor Penetration Permit  
(Contractor to complete if required)**

**4.1 Excavation / Penetration Details**

Excavation/Penetration is digging or drilling with a mechanical aid, with a shovel, spade, pick or crowbar, driving poles, piling, grubbing or scraping to any depth and compacting activities.

SWMS Completed and Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disruption to Occupants Expected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excavation/Penetration Details	Depth:	Width:	Length:
<b>**WorkSafe Notification – required for any trenches greater than 1.5m deep**</b>			
Is a WorkSafe notification required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:			
Has the Hazmat Database been reviewed for potential subsurface contamination in proposed work area?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has contamination or suspect contamination been identified in the proposed excavation area? If yes, please ensure appropriate controls are in SWMS provided			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4.2 All Services to be identified within 5 metres of proposed works**

Service Description	Present Y/N	Safety/ Commercially Critical Y/N	RMIT Ground Services Map Reviewed Y/N	DBYD* drawings attached Y/N	Service authority (DBYD* Sequence No.)	Have services been scanned, located & positions marked Y/N	Have services been positively identified via pot holing Y/N
Electricity							
Gas							
Water							
Sewer							
Storm water							
Telecommunications							
Vic Roads							
Optic Fibre							
Fuel							
Rail Signalling & OH							
Electricity – HV							
Tree Protection Zones (RMIT doc)							
Other							
Other							

**Observe power NO GO ZONES as per the Authorities Requirements**

**\*DBYD = dial before you dig**

An appropriate emergency response plan is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is Mechanical Digging taking place within 1 metre horizontally or over the top of any service:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Mechanical Digging is taking place within 1 metre horizontally or over the top of any service:	
<ul style="list-style-type: none"> <li>• Prepare a Specific Risk Assessment relating details of approach to working closely around the service</li> <li>• Positively identify and completely uncover the service via NDD or potholing in the proposed location.</li> <li>• Use specific personnel to supervise the works (e.g. specialist services spotter)</li> </ul>	

**SECTION 5 – Building 108 and Building 201  
(Contractor to complete if required)**

**5.1 Details**

<b>Proposed Period of Works</b>	From Date/Time:	To Date/Time:
<b>SWMS or Risk Assessment Completed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disruption to Occupants Expected</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are asbestos-containing materials likely to be disturbed by the proposed works?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please fill out Section 6</b>

**5.2 Description of Works**

	YES	NO	Details
Works in ceiling voids			Description of Work to be carried Out: <i>Note: one permit is required per building</i>
Destructive Works to wall, ceilings or floors			
Destructive works into external wall cavities			
Accessing risers			
Work on services fixed to external walls (including cable trays)			
Affecting pipework/gaskets			
<b>Disruption to Occupants Expected</b>			
<b>Task specific SWMS or Risk Assessment Completed</b>	YES	NO	Details
Have All Contractors undertaking works in B108 and B201 been inducted into HAZMAT Management?			
Have the following RMIT documents been reviewed:			
Site Plans?			
Hazardous Materials Register?			
Asbestos Management Plan (AMP)?			

**SECTION 6 – Hazmat Permit  
(Contractor to complete if required)**

6.1 Details				
<b>Proposed Period of Works</b>	From Date/Time:	To Date/Time:		
<b>SWMS or Risk Assessment Completed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disruption to Occupants Expected</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.2 Hazmat Due Diligence For works likely to Disturb Hazmat Material				
Have the following RMIT documents been reviewed:	YES	NO	Provide details or attach evidence of review	
Hazardous Materials Register?				
Hazmat Management Plan?				
Are asbestos materials likely to be disturbed or damaged by the proposed works?				
Are lead-containing materials likely to be disturbed or damaged by the proposed works?				
What other hazmat material are like to be disturbed:	YES	NO	Provide details/comment of how these will be safely managed during works	
Flammable Facades				
Synthetic mineral fibres (SMF)				
Polychlorinated biphenyls (PCBs)				
Ozone depleting substances (ODS)				
6.3 Risk Assessment and Controls for Disturbance of Hazmat Materials				
Has an Asbestos Management Plan (AMP) or site-specific risk assessment been established?			<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Are specialist asbestos related contractors required to assist in conducting the proposed works?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide the following details:	Name /Contractor	Contact Details		
- Provide details of RMIT Panel Asbestos Removal Contractor				
- Provide details RMIT Panel Independent Hygienist to monitor works				
- Provide details of other contractors involved in the Asbestos removal process				
The following information must be attached with the permit application (for all hazmat):			Attached	
			YES	NO
Asbestos Control Plan (asbestos only)				
Evidence of hygienist review of Asbestos Control Plan (asbestos only)				
Evidence of hygienist review of Scope of Works (all hazmat)				
Site and task specific SWMS or risk assessment (all hazmat)				
Evidence of appropriate competency of workers (all hazmat)				
Risk Assessment per requirements of PS/WI/RC/2044 SMF Contractor Minimum Requirements (SMF only)				

**SECTION 7 – Contractor Hot Work Permit  
(Contractor to complete if required)**

**7.1 Contractor Hot Work Permit**

Does your company have an existing RMIT Hot Work Permit approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If existing RMIT Hot Work Permit in place, please provide details.		Permit ref#:	
		Expiry Date	
If a new hot work permit is requested for these works, please attach copy of your company's hot work permit which will be used for task specific activities.		<input type="checkbox"/> Attached	
<p><b>Contractors are expected to have their own hot work permit process in place</b>  <b>The RMIT Hot Work Permit is used to verify that the contractor's hot work permit process meets RMIT minimum requirements listed below</b></p>			
Does your procedure include information with regard to (mark all as appropriate)? (* mandatory)	Yes	No	Comment
1. <u>SWMS/risk assessment/procedure specific to RMIT*</u>			
2. Barricades or warning signage			
3. Covering of drains and penetrations			
4. Control of flammable substances/chemicals/ gases			
5. Personal protective equipment and clothing requirements			
6. Identification of other RMIT permit needs e.g. fire or service isolations*			
7. <u>Site based hot works permit (must not last longer than one shift) *</u>			
8. Safety observer/fire watcher			
9. Flash screens and/or barriers			
10. Control of combustible materials			
11. Appropriate portable firefighting equipment			
12. <u>Fire watch periods of 60 minutes following work*</u>			
13. Controlling disruptions to building occupants			
14. Appropriate storage/transport/disposal of flammable/combustible waste			

**SECTION 8 – Permit Authorisation (Permit office to complete)**

**8.1 Permit Office Summary**

The following permits have been approved:

- Fire and Services Isolation     
  Working at Height     
  Excavation / Floor Penetration  
 Hazardous Materials     
  Hot Work

Property Services Representative consulted for scheduling and works notice requirements.

Date Emailed:

PropServ Desk required to raise Work Request (WR) for Airmaster  
*(refer Section 2 of this Permit Works Request for information)*  Yes  No

Date Emailed:

**8.2 Permit Authorisation**

Permit	Yes	Date	Name	Who can Authorise
Fire and Services Isolation (Technical Review has been assessed)				Senior Facilities Co-ordinator
Excavation / Floor Penetration				PSG Rep or their Line Management
Working at Height				PSG Rep or their Line Management
B108 /201 Permit				Senior Facilities Co-ordinator
Hazardous Materials				Safety Team
Hot Work				Safety Team

**Permit Conditions:**

**8.3 FM Notification completed**

Permit Notification	Date Completed	Permit Conditions
Excavation / Floor Penetration		
Working at Height		
B108 /201 Permit		
Hazardous Materials		
Hot Work		
<b>Name:</b>		

**SECTION 9 – Contractor Confirmation  
(Contractor to complete)**

<b>9.1 Contractor Confirmation</b>		
Site walk through completed between the Permit Holder and Site Manager:	Date:	
Scope of works clearly defined and agreed work methods in place (SWMS):	SWMS Ref No's:	
Permit conditions (if identified on this permit) have been communicated between the Works Supervisor and Crew:	Date:	
Permit Holder (Name/Date/Signature):		
Site Manager (Name/Date/Signature):		

<b>9.2 Workforce Acknowledgement / Sign on (must be completed by each contractor/subcontractor working under this Permit to Work)</b>			
As a person required to work under this Permit to Work (PTW), I confirm:			
<ul style="list-style-type: none"> <li>• I understand the permit requirements and have had an adequate handover to ensure controls specified will be communicated, implemented and monitored for effectiveness throughout the works.</li> <li>• I have read, and/or have had explained and understood the requirements of the SWMS and any associated Permits.</li> <li>• I have asked questions if I am unsure and have / will report any concerns / issues immediately.</li> <li>• I will notify the Supervisor if I become aware of a new hazard or change in conditions while performing the works.</li> </ul>			
NAME	DATE	TIME (24HR)	SIGNATURE

<b>9.3 Permit Handover (for change of Permit Holder)</b>	
I understand the permit requirements and have had an adequate handover to ensure controls specified will be communicated, implemented and monitored for effectiveness throughout the works.	
New Permit Holder (Name/Date/Signature):	
Site Manager (Name/Date/Signature):	

**SECTION 10 – PERMIT CLOSURE**

(Head or Principal Contractor **must** complete all details on this page)

<b>10.0 Permit Closure (Contractor to complete at the conclusion of works under Permit)</b>			
1. Fire & Isolation Permit	Date works complete / permit closed: ...../...../.....	Applicant (Head / Principal Contractor) Name: <i>(if different from Section 1)</i> .....	Date Emailed to Permit Office: ...../...../.....
2. Working at Height Permit	Date works complete / permit closed: ...../...../.....	Applicant (Head / Principal Contractor) Name: <i>(if different from Section 1)</i> .....	Date Emailed to Permit Office: ...../...../.....
3. Excavation / Floor Penetration Permit	Date works complete / permit closed: ...../...../.....	Applicant (Head / Principal Contractor) Name: <i>(if different from Section 1)</i> .....	Date Emailed to Permit Office: ...../...../.....
4. Building 108 and Building 201	Date works complete / permit closed: ...../...../.....	Applicant (Head / Principal Contractor) Name: <i>(if different from Section 1)</i> .....	Date Emailed to Permit Office: ...../...../.....
5. Hazardous Materials Permit	Date works complete / permit closed: ...../...../.....	Applicant (Head / Principal Contractor) Name: <i>(if different from Section 1)</i> .....	Date Emailed to Permit Office: ...../...../.....
6. Hot Work Permit	Date works complete / permit closed: ...../...../.....	Applicant (Head / Principal Contractor) Name: <i>(if different from Section 1)</i> .....	Date Emailed to Permit Office: ...../...../.....