

Permit to Work – Application Form (This Permit to Work form must be available on-site for inspection at all times)

Permit to Work No:

This Permit is valid from:	Time		S	Start Date			
This Permit is valid until:	Time		E	xpiry Date			
Company Name:							
Supervisors Name:							
Contact Number:							
Email:							
Work Description & Loca	ation:						
Type of Equipment to be	used e.g.	excavator, fork	klift, truck mo	unted crane	etc:		
							<u> </u>
List Job Requirements:						Yes	No
Will a Hot Work Permit	•		Page 2)				
2. Will under, or over wat		•					
Will structural penetration	•						
4. Will electrical isolation	•	?					
5. Will water shutdown be	•						
6. Will ground penetration				ing, piling, tr	enching etc)		
7. Will mobile crane/truck			•				
8. Will an overweight/ove		•	required for t	he vehicle?			
Will traffic managemer							
10. Will there be any risk o							
11. Will work in a ceiling, w			•		d?		
12. Will a Council or statut			•				
13. Will any construction, r	<u> </u>		y earthworks	be required?	1		
14. Will your worker be wo (If "Yes" a copy of your com	rking alone pany's workin	? ng alone procedure	to be supplied)				
15. Any "Yes" questions	1-14 abov	e, requires a Jo	ob Safety Ana	ılysis – is it	attached?		
16. Have your worker(s) co	ompleted a	PrimePort Healt	th & Safety Ind	duction? – <u>c</u>	<u>lick here</u>		
17. If working within the C Container Terminal Lin		•	induction bee	n completed	d for Timaru		
18. Have you submitted a (Must be specific to the wor		Management P	lan to the Peri	mit Issuer?			
19. Have you read the Prir	nePort Cor	nmon User Safe	ety Rules?				
20. Will any of the work WorkSafe NZ?	require a r	notification of pa	articular haza	rdous work	lodged with		
Name of Permit to Work	Applicant:						



Hot Work Permit – Application Form (This Hot Work Permit (HWP) form must be available on-site for inspection at all times)

	plicable to all operations involving. This permit must be displaye					
	ate:		· ·	·		
Pe	ermission is given to (name):					
Of	(company):					
To	use (type of equipment):					
At	(description of site):					
Вє	etween the hours of:		ar	nd		
De	etails of works to be performed:					
		1				
De	escription of work:					
		FIRE PREVENTION EQUI	IPMENT			
Fir	re equipment to be provided as t	- , -	II IVILIAI			
•	Fire Hose	Fire Extinguisher(s)		 Mandatory Fire 	Watcher	
	 Combustible material located within 10 metres of the work must be removed or protected with non- combustible curtains, metal guards of flameproof covers. 					
•	• Barricades, warning signs and spark/flash screens must be provided to protect other personnel in the area.					
•	The work area, trenches, pits,	etc must be clear of flamma	able liquid	s, gases or vapou	rs.	
•	• All floor and wall openings within 10 metres of the work being conducted must be covered to prevent transmission of sparks.					
• The hot work area and any adjoining areas must be patrolled from the start of work until 30 minutes after the work is completed (including rest periods).						
Sp	pecial conditions (describe):					
WORK ON ENCLOSED EQUIPMENT (tanks, containers, ducts etc)						
The equipment must be cleaned of all combustibles.						
2.	2. Containers must be purged of all flammable vapours.					
	HOT WORK COMPLETED & AREA SAFE					
The work area has been expected by the Contactor 30 minutes after completion of work, no smouldering fires were discovered.						
Na	ame:					
ח	ate:	Time Inc	enactad:			



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THIS SECTION TO BE COMPLETED BY Prime Port PERMIT ISSUER ONLY

		Yes	No	
	Il other Port Users be affected by the work?			
(If '	Y" – describe what notifications/communications have been issued)			
All affected parties have been contacted and a Safety Alert has been issued advising of location and date.				
		Yes	No	
Δn	y special conditions to apply prior to the work commencing?	100	110	
Any special conditions to apply prior to the work commencing?				
 Notification of Works to WorkSafe must be provided with this permit (Working at Heights, Confined Space, Over Depth Excavation) 				
•	Contractors may need to provide one or more of the following:			
	 Task Analysis and Method Statement for works Safety Plan if required (JSA) Tool Box Risk Assessment 			
		Yes	No	
Lام	a the Site Safety Management Dlan been sighted by the Darmit leaver?	162	140	
	s the Site Safety Management Plan been sighted by the Permit Issuer?			
	the Permit Issuer willing to authorise this work to commence?			
AU	thorised By: Issue Date:			