

## Work Permit Procedure

**PURPOSE:** The purpose of this procedure is to describe the work permit system that is required to control high risk work by workers, contractors, tenants & customers (DIY) at all d'Albora workplaces. The aim of a work permit is to eliminate risk of injury, damage to plant or property, or impacts to the environment.

### Guidance to tasks that require a Work Permit, and or other controls

TASK	Work Permit	Checklist (WPCG/d'Albora)	SWMS	Safe Operating Procedure	Atmospheric monitoring	REMARKS
Asbestos removal – any quantity – see also Asbestos Management Plan	√		√		√	A Licensed Asbestos contractor is required for all areas of >10m <sup>2</sup>
Blasting (Abrasive) – removal of antifouling and coatings from the hulls of boat by soda, grit, sand or any other medium except water blasting	√	√				Atmospheric monitoring may be required – see checklist
Blasting (water) – removal of antifouling in a dedicated washdown area using all existing controls		√		√		
Confined Spaces – entry into any confined space as defined by the Regulations including large grease traps, sewer pits, fuel tanks, and excavations that are determined to be confined spaces	√	√	√		√	
Electrical work – Live electrical work other than fault finding	√	√	√			
Electrical work – Work in a Hazardous Area (fuel system)	√	√	√			
Excavation – Excavation or trenching to a depth >1.2m other than drilling, boring or coring	√	√	√		√	
Excavation – Excavation in the vicinity of fuel systems or lines, gas, LPG & electrical services	√	√	√		√	
Hot Work – In a hazardous area or in the vicinity of a fuel system or fuel lines, or gas pipes	√	√	√		√	
Hot Work – Within a boat that involves the use of oxy-acetylene, grinding or welding equipment	√	√	√		√	
Hot Work – Outside of a boat that involves the use of oxy-acetylene, grinding or welding equipment with the exception of removing propellers from the end of shafts	√	√	√			
Spray painting – Any spray painting of boats/parts or buildings outside of a workshop that involves spray painting equipment	√	√	√		√	Consider spray painting within a boat as a confined space unless risk assessment determines otherwise
Working at Height – Work using an EWP >11m	√	√	√			
Working at Height – Work up masts of boats		√	√			
Working at Height – Work using d'Albora owned EWP, Forklift Work Platform or Scissor Lift				√		
Work at Height – Roof access using existing height access system		√	√	√		
Working at Height – Erection, modification or dismantling of scaffold >4m in height	√	√	√			

**SCOPE:** This procedure applies employees, contractors, tenants & customers of all d’Albora businesses & related activities. It provides guidance on the management of specific risks related to High Risk Construction Work, but must not be interpreted to waive or modify any legal obligations contained in Legislation.

**WORK PLACE CLEARANCE GROUP (WPCG):** WPCG provides training & certification, courses & resources including checklists for permit to work systems. WPCG is a joint venture between the primary service station owners (BP, Caltex, Shell/Viva) and a training provider to the Australian Institute of Petroleum (AIP). WPCG templates are developed by industry, are clear & simple to use, and should be utilised where possible. The WPCG website provides a directory of accredited contractors (Permit Officers).



The WPCG Permit System may be used instead of this procedure and related documents.

#### **RESPONSIBILITIES:**

- **Permit Officer:** To review the activities & hazards, checklists and other related documents and ensure the controls of the Permit are adequate. To ensure the Permit Receiver has access to all relevant information that affects safe completion of work
- **Site Manager (or Delegated Person):** To review the controls within the Permit in the context of site control & communication to others. To open & close the Permit and communicate with all affected parties such as where concurrent activities are being conducted and there is a shared risk
- **Permit Receiver (Contractor / Worker):** To liaise with the Permit Officer / Site Manager in regard to completing the Permit including the provision of completed checklists & SWMS. To request any information that the contractor or worker considers of relevance to completing the works safely. To notify the site manager of any new risks, changes to scope, ineffectiveness of controls; and when works are suspended or complete

**AUTHORISED PERMIT OFFICERS:** These people are authorised Permits Officers:

Brett Greer, Paul Vernon, Mark Wityk, Peter Moxham, Evan Wooldridge, Martin Silk, Matt Bonser

#### **NOTE:**

Only persons who have a current Confined Spaces Entry Certificate or have previously held a Certificate and have experience with Confined Space entry shall sign Confined Space Permits

#### **CONTENTS**

- **WORK PERMIT**
- [LINK](#) to WPCG Confined Space **CHECKLIST**
- [LINK](#) to WPCG Hot Work **CERTIFICATE** & [LINK](#) to Minor Hot Work **CHECKLIST**
- [LINK](#) to WPCG Atmospheric Testing & Monitoring **CERTIFICATE**
- [LINK](#) to WPCG Ground Disturbance **CERTIFICATE** & [LINK](#) to Minor Ground Disturbance **CHECKLIST**
- [LINK](#) to WPCG Working at Heights **CERTIFICATE** & [LINK](#) to Minor Work at Heights **CHECKLIST**
- d’Albora Spray Painting **CHECKLIST**
- d’Albora Blasting (Abrasive or Water) **CHECKLIST**



**D'ALBORA  
MARINAS**

# WORK PERMIT

Permit Number

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Please attach all related documents including SWMS, Risk Assessments, Drawings & Sketches, or any other documents referred to by this form. This permit alone does not authorise entry to a workplace or boatyard

## PERMIT VALIDITY – MAXIMUM VALIDITY IS 5 DAYS

Permit valid from

Permit valid to

Date  Time  Date  Time

## WORK LOCATION – select all that apply

Akuna Bay ☐ Cabarita Point ☐ Horizon Shores ☐ Nelson Bay ☐ Martha Cove ☐  
 Port of Airlie ☐ Pier 35 ☐ Rushcutters B. ☐ The Spit ☐ Victoria Hbr ☐  
**BOATYARD** ☐ **DRY STORAGE** ☐ **MARINA** ☐ **BUILDINGS** ☐ **OTHER** ☐

Describe work area:

## EMERGENCY RESPONSE

In an emergency:

1. Stop all work
2. Make safe if safe to do so
3. Raise the alarm
4. Notify the Marina Management
5. Proceed to the assembly area

Emergency telephone number / radio channel (UHF):

Emergency stop buttons located at:

Emergency assembly area located at:

## PERMIT ACTIVITY

Description of work

Tools & equipment  
permitted

  


## HAZARDS

Asbestos ☐ Chemical ☐ Gravity ☐ Mechanical ☐ Pressure ☐  
 Biological ☐ Confined space ☐ Nearby work ☐ Noise ☐ Radiation ☐  
 Forklifts ☐ Straddle Carrier ☐ Diving ☐ Other ☐ Other ☐  
 Area classification Non-hazardous area ☐ Hazardous Area ☐  
 SDS available for all hazardous chemicals? Yes ☐ N/A ☐



## WORK CONTROLS

**Certificates / safety  
plans required?**

Hot Work Certificate

☐

Excavation

☐

Blasting

☐

Confined Spaces

☐

Working at Heights

☐

Spray Painting

☐

A task risk assessment (i.e. SWMS / JSA) is required for all permits

List of plans / SWMS referred to:

Are work area controls needed?

No

☐

Yes

☐

Barricades

☐

Warning signs

☐

Separation

☐

Spill kits

☐

Additional equipment / job site / PPE controls

## AUTHORISATION – PERMIT OFFICER

This permit is authorised for the described date range on the basis that the necessary controls as stated to undertake the activity within the nominated work area will be established and remain in place as defined within this permit. Work may only proceed upon daily confirmation that controls are established and remain in place. A new permit will be issued if:

- New hazards arise or work conditions change, or
- The permitted work scope changes, or
- Controls change or their effectiveness is not adequate

Amendments can only be made to this permit in writing on this permit by the Permit Officer of this permit

Person responsible for authorising this permit:

Name:

Date:

Signature:

Company:

Mobile:

## AUTHORISATION – SITE MANAGER or DELEGATE

I am aware that this work is planned and I support the controls described. I will ensure any conditions or restrictions on normal site operations are communicated to all relevant workers, tenants or customers while the permit is in force

Name

Signature

Date

Time



**ACCEPTANCE – PERMIT RECEIVER (CONTRACTOR)**

By signing this work permit:

- I confirm that I understand and accept conditions and controls stipulated in the work permit and all other documents referenced within this work permit
- I confirm that work will comply with local Environmental & Occupational / Work Health & Safety Regulations
- I will conduct a daily toolbox talk with all workers and sub-contractors to ensure I persons understand the content of this permit including the hazards, associated controls, the limits of work permitted and their responsibilities
- I will ensure the works are stopped if new hazards arise, the permitted scope of work changes, or the effectiveness of controls is not adequate
- I will ensure all plant is certified for safe use, and maintained as per the manufacturers' specifications
- I will ensure the workplace is left clean and safe with any waste disposed of legally
- I will ensure that skilled, qualified, trained and competent persons perform the work adhering to the conditions of this permit

Name

Signature

Date

Company

Mobile / Radio Channel

Time

**ALL PERSONEL PERFORMING ACTIVITIES COVERED BY THIS PERMIT**

- The permit holder has instructed me on the safety requirements applying to this site, the work area and the activity.
- I have read and understand this permit and associated certificates & attachments
- I agree to abide by the required conditions
- I confirm I am trained and competent to perform the tasks I will be performing

Print name

Signature

Date



**D'ALBORA  
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## PERMIT RECEIVER (CONTRACTOR) – Activity complete & permit no longer needed

Permit scope completed

No ☐ Yes ☐

Lock outs removed

No ☐ Yes ☐ N/A ☐

Site cleaned up & made safe

No ☐ Yes ☐ N/A ☐

Remaining hazards communicated where applicable

No ☐ Yes ☐ N/A ☐

Name

Date

Signature

Time

## SITE MANAGER or REPRESENTATIVE – The activity is complete

Name

Signature

Date

Time

Work Place Clearance Group (WPCG) Certificates & Checklists applicable to this Permit:





THIS CHECKLIST DOES NOT AUTHORISE ANY WORK

Spray painting is not permitted at all sites and is subject to weather conditions

All sections must be completed. Additional Checklists or Permits may be required for Confined Spaces, Work at Height, or Atmospheric Testing & Monitoring

Full Name	<input type="text"/>	Date	<input type="text"/>
Vessel Name	<input type="text"/>	Job Number	<input type="text"/>

## AREAS TO BE PAINTED

Inside of vessel (this work requires atmospheric monitoring or other controls)	<input type="checkbox"/>
Topsides of the boat hull below the toe rail (if above 2metres this work requires Work at Height controls)	<input type="checkbox"/>
Deck (this work requires Work at Height controls)	<input type="checkbox"/>
Hull	<input type="checkbox"/>
Propeller / shaft (application of Prop Speed by spray application is not permitted)	<input type="checkbox"/>

List all Safety Data Sheets (SDS) available:

## PPE REQUIREMENTS

LUNGS: P2 Dust Mask (required for all sanding)	<input type="checkbox"/>
LUNGS: A1 Organic Vapour Mask (Respirator)	<input type="checkbox"/>
LUNGS: Air Supplied Full Face Respirator (Required for any spray painting within the hull of a boat)	<input type="checkbox"/>
SKIN: Protective suit or full-length clothing & Nitrile Gloves	<input type="checkbox"/>
HEARING: Hearing Protection	<input type="checkbox"/>
EYES: Eye protection (face shield, wrap around plastic sunglasses, safety glasses or goggles)	<input type="checkbox"/>

## OVERSPRAY & ENVIRONMENTAL CONTROLS

Screens are positioned to adequately shroud the work area (to be checked regularly)	<input type="checkbox"/>
Warning signs are in place	<input type="checkbox"/>
Wind conditions are suitable – Under 15knots hardstand	<input type="checkbox"/>
Other boatyard users and users of on-site vehicles have been advised	<input type="checkbox"/>

All items above have been checked each time work has been carried out on the dates indicated below:

Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initials:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing this document I acknowledge that I will carry out the checks above and will monitor conditions:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

d'Albora Rep: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



THIS CHECKLIST DOES NOT AUTHORISE ANY WORK

Abrasive blasting is not permitted at all sites and is subject to weather conditions

All sections must be completed. Additional Checklists & Permits may be required for Work at Height/Confined Space  
This checklist is not required for pressure washing in a dedicated washdown bay with all normal controls & SOP

Full Name	<input type="text"/>	Date	<input type="text"/>
Vessel Name	<input type="text"/>	Job Number	<input type="text"/>

## AREAS TO BE WATER / ABRASIVE BLASTED

- |  |                          |
|--|--------------------------|
| Hull excluding topsides  | <input type="checkbox"/> |
| Topsides of the boat hull below the toe rail (if above 2metres this work requires Work at Height controls) | <input type="checkbox"/> |
| Deck (this work requires Work at Height controls)  | <input type="checkbox"/> |
| Interior or engine (atmospheric monitoring must be risk assessed and may be required)                      | <input type="checkbox"/> |
| Propellers or shafts for removal of Antifoul Coatings (Prop Speed only permitted within blasting cabinet)  | <input type="checkbox"/> |

Describe the type of blasting to be conducted:

## PPE REQUIREMENTS

- |   |                          |
|---|--------------------------|
| LUNGS: P2 Dust Mask (required for all sanding)  | <input type="checkbox"/> |
| LUNGS: Air Supplied Full Face Respirator (required for any blasting within a boat)            | <input type="checkbox"/> |
| SKIN: Protective suit or full-length clothing & suitable gloves                               | <input type="checkbox"/> |
| HEARING: Hearing Protection   | <input type="checkbox"/> |
| EYES: Eye protection (face shield, wrap around plastic sunglasses, safety glasses or goggles) | <input type="checkbox"/> |

## OVERSPRAY & ENVIRONMENTAL CONTROLS

- |   |                          |
|---|--------------------------|
| Screens are positioned to adequately shroud the work area (to be checked regularly) | <input type="checkbox"/> |
| Warning signs are in place for noise and other hazards                              | <input type="checkbox"/> |
| Wind conditions are suitable – generally under 15knots hardstand                    | <input type="checkbox"/> |
| Other boatyard users and users of on-site vehicles have been advised                | <input type="checkbox"/> |
| Arrangements for disposal of waste have been made with site management              | <input type="checkbox"/> |

All items above have been checked each time work has been carried out on the dates indicated below:

Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initials:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing this document I acknowledge that I will carry out the checks above and will monitor conditions:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

d'Albora Rep: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_