

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 ²
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	√	√	√		√	Use WPCG checklist
Hot Work – Within a boat, tank, pit, tank etc. that involves the use of oxy-acetylene, grinding or welding equipment	√	√	√		√	Use d'Albora checklist
Hot Work – Outside of a boat, within a building or structure that involves the use of oxy-acetylene, grinding or welding equipment with the exception of removing propellers from the end of shafts	√	√	√			Use d'Albora checklist
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:

Paul Vernon, David Williams, Peter Moxham, Tom Farrell, Martin Silk, Matt Bonser & Sean Mitchell

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

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- **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 Hot Work (non-Fuel System) **CHECKLIST**

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 | <input type="checkbox"/> | Cabarita Point | <input type="checkbox"/> | Horizon Shores | <input type="checkbox"/> | Nelson Bay | <input type="checkbox"/> | Martha Cove | <input type="checkbox"/> |
| Port of Airlie | <input type="checkbox"/> | Pier 35 | <input type="checkbox"/> | Rushcutters B. | <input type="checkbox"/> | The Spit | <input type="checkbox"/> | Victoria Hbr | <input type="checkbox"/> |
| BOATYARD | <input type="checkbox"/> | DRY STORAGE | <input type="checkbox"/> | MARINA | <input type="checkbox"/> | BUILDINGS | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |

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 | <input type="checkbox"/> | Chemical | <input type="checkbox"/> | Gravity | <input type="checkbox"/> | Mechanical | <input type="checkbox"/> | Pressure | <input type="checkbox"/> |
| Biological | <input type="checkbox"/> | Confined space | <input type="checkbox"/> | Nearby work | <input type="checkbox"/> | Noise | <input type="checkbox"/> | Radiation | <input type="checkbox"/> |
| Forklifts | <input type="checkbox"/> | Straddle Carrier | <input type="checkbox"/> | Diving | <input type="checkbox"/> | Other | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Area classification | Non-hazardous area | | | | <input type="checkbox"/> | Hazardous Area | | <input type="checkbox"/> | |
| SDS available for all hazardous chemicals? | Yes | | | | <input type="checkbox"/> | N/A | | <input type="checkbox"/> | |

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	Mobile / Radio Channel	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PERMIT RECEIVER (CONTRACTOR) – Activity complete & permit no longer needed

Permit scope completed No Yes
 Fire watch and fire monitoring completed No Yes N/A
 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:



d'Albora SPRAY PAINTING CHECKLIST

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: _____

d'Albora **BLASTING CHECKLIST**

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 Date

Vessel Name Job Number

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:							
Initials:							

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: _____

d'Albora HOT WORK CHECKLIST

Permit THIS CHECKLIST DOES NOT AUTHORISE ANY WORK – it accompanies a Permit

Hot Work is subject to a current Permit being issued, and consideration of any adverse weather conditions / fire bans

All sections must be completed. A WPCG 'Hot Work' checklist & Certificate shall be completed for any Fuel System related hot works in place of this checklist

Worker doing Hot Works	<input type="text"/>	Worker Business Name	<input type="text"/>
Location of Hot Works	<input type="text"/>	Date of Hot Works	<input type="text"/>
Description of Hot Works	<input type="text"/>		

PRE-COMMENCEMENT CHECKS TO BE COMPLETED

- | | |
|--|--------------------------|
| 1. Existing Fire Sprinklers & Fire Hose Reels are fully operational and ready for use | <input type="checkbox"/> |
| 2. Hot Work equipment is functional and in good repair (e.g. flashback arresters, valves, gauges) | <input type="checkbox"/> |
| Within 10metres of the work area | |
| 3a. All flammable liquids have been removed (relocate boats, equipment, etc. if required) | <input type="checkbox"/> |
| 3b. Combustible materials removed, or covered with fire-resisting material (e.g. Fire Blankets) | <input type="checkbox"/> |
| 3c. Floors swept and overhead structures clean of dust, lint & debris (buildings & structures) | <input type="checkbox"/> |
| 3d. Floor and wall openings are protected against spread of sparks or embers | <input type="checkbox"/> |
| If work involves enclosed equipment & areas (e.g. pits, tanks) complete items 4a to 4d | |
| 4a. Adequate ventilation is provided | <input type="checkbox"/> |
| 4b. Equipment thoroughly cleaned to remove all flammables / combustibles | <input type="checkbox"/> |
| 4c. Flammable vapours are purged from containers & spaces | <input type="checkbox"/> |
| 4d. Purging & ventilation has been verified with a combustible gas detector | <input type="checkbox"/> |
| Fire Watch and Monitoring | |
| 5. <u>Fire Watch</u> will to be provided continuously during and for 60minutes after hot works | <input type="checkbox"/> |
| 5a. First Aid Kit and Portable Fire Fighting equipment are both readily available, and functional | <input type="checkbox"/> |
| 5b. <u>Fire Monitoring</u> Duration <u>after</u> 60minute Fire Watch is completed (circle): No Risk 2hours 3hours | |

FIRE PROTECTION IMPAIRMENTS

- | |
|--|
| 1. Smoke detectors (only) should be isolated to avoid unwanted alarms and Brigade Alerts |
| 2. Hot Works should not be permitted in any areas equipped with automatic fire sprinklers <u>while</u> sprinklers are impaired |
| 3. Consult with Insurance Broker / Insurer where hot work cannot be avoided during sprinkler impairment |

FIRE WATCH & FIRE MONITORING

1. Maintain an uninterrupted fire watch throughout the work area and adjacent areas (e.g. rooms, within vessels, roof spaces, etc.)
2. Fire watch includes monitoring during breaks & shift changes (where required)
3. After hot work and mandatory 60minute fire watch are completed, continue to monitor for 2 – 3 hours (e.g. 2hours for torch applied roof work) and longer where there is any risk of unseen smouldering (e.g. where embers / hot metal (slag) may have dropped between timber decking or floors around buildings)

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:** _____