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

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

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| **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)** | | **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** | | | | | | | | | | | | | | | |

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| **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.** | | | | |
| Fall restraint system | Limited Free Fall – max free fall less than 600mm | Fall-arrest system –  max free fall 2m |  | 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 not 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? | |  |  |
| **Dropped Objects** | | | | |
| 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? | |  |  |
| **3.3 The following information must be attached to this permit application:** | | **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  ***Minimum competency requirement is National recognised course - RIIWHS204D - Work safely at heights.*** | |  |  |
| Evidence of appropriate competency of workers.  Rope access ***Minimum competency requirement is National recognised course*** | ***ARATA or IRATA*** |  | | |
| Project Supervisor Level 3 RAT |  |  |  |
| Site Supervisor Level 2 RAT |  |  |
| Rope Access Level 1 RAT |  |  |

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| **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 | | | | Yes No | | | Disruption to Occupants Expected | | | | Yes No |
| Excavation/Penetration Details | | Depth: | | | | | Width: | | Length: | | |
| **\*\*WorkSafe Notification – required for any trenches greater than 1.5m deep\*\*** | | | | | | | | | | | |
| **Is a WorkSafe notification required?** | | | Yes No | | | **Completed** | | Yes No | | **Details:** | |
| Has the Hazmat Database been reviewed for potential subsurface contamination in proposed work  area? | | | | | | | | | | | Yes No |
| Has contamination or suspect contamination been identified in the proposed excavation area?  **If yes, please ensure appropriate controls are in SWMS provided** | | | | | | | | | | | Yes 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 Yes No N/A | | | | | | | | | | | |
| Is Mechanical Digging taking place within 1 metre horizontally or over the top of any service: Yes No | | | | | | | | | | | |
| If Mechanical Digging is taking place within 1 metre horizontally or over the top of any service:   * Prepare a Specific Risk Assessment relating details of approach to working closely around the service * Positively identify and completely uncover the service via NDD or potholing in the proposed location. * Use specific personnel to supervise the works (e.g. specialist services spotter) | | | | | | | | | | | |

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| **5.1 Details** | | | | | | | | | | | |
| **Proposed Period of Works** | From Date/ | Time: | | | |  | | | | To Date/Time: |  |
| **SWMS or Risk Assessment Completed** | | Yes No | | | | **Disruption to Occupants Expected** | | | | | Yes No |
| **Are asbestos-containing materials likely to be disturbed by the proposed works?** | | | | | | | | | | | Yes No  **If yes, please fill**  **out Section 6** |
| **5.2 Description of Works** | | | | | | | | | | | |
|  | | | **YES** |  | **NO** | **Details** | | | | | |
| Works in ceiling voids | | |  |  | Description of Work to be carried Out:  *Note: one permit is required per building* | | | | | |
| 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 | | |  |  |
| **Disruption to Occupants Expected** | | |  |  |
| **Task specific SWMS or Risk Assessment Completed** | | | | | | | **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)? | | | | | | |  |  |  | |

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| **6.1 Details** | | | | | | | | | | | |
| **Proposed Period of Works** | From Date/Time: | | | | | | To Date/Time: | | | | |
| **SWMS or Risk Assessment Completed** | | Yes No | **Disruption to Occupants Expected** | | | | | Yes 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? | | | | | | | | | Yes N/A | | |
| Are specialist asbestos related contractors required to assist in conducting the proposed works? | | | | | | | |  |  | Yes 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) | | | | | | | | | |  |  |

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| **7.1 Contractor Hot Work Permit** | | | | |
| Does your company have an existing RMIT Hot Work Permit approval? | | | | Yes 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. | | | | Attached |
| ***Contractors are expected to have their own hot work permit process in place***  ***The RMIT Hot Work Permit is used to verify that the contractor’s hot work permit process meets RMIT minimum requirements listed below*** | | | | |
| Does your procedure include information with regard to (mark all as appropriate)? (\* mandatory) | Yes | No | Comment | |
| 1. SWMS/risk assessment/procedure specific to RMIT\* |  |  |  | |
| 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. Site based hot works permit (must not last longer than one shift) \* |  |  |  | |
| 8. Safety observer/fire watcher |  |  |  | |
| 9. Flash screens and/or barriers |  |  |  | |
| 10. Control of combustible materials |  |  |  | |
| 11. Appropriate portable firefighting equipment |  |  |  | |
| 12. Fire watch periods of 60 minutes following work\* |  |  |  | |
| 13. Controlling disruptions to building occupants |  |  |  | |
| 14. Appropriate storage/transport/disposal of flammable/combustible waste |  |  |  | |

**8.1 Permit Office Summary**

The following permits have been approved:

Fire and Services Isolation Hazardous Materials

Working at Height

Hot Work

Excavation / Floor Penetration

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

Date Emailed:

No

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| **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 | |  | | |  | |
| **Name:** | |  | | |  | |

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| **9.1 Contractor Confirmation** | | | |
| 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): |  | | |

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| **9.2 Workforce Acknowledgement / Sign on**  **(must be completed by each contractor/subcontractor working under this Permit to Work)** | | | |
| As a person required to work under this Permit to Work (PTW), I confirm:   * 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. * I have read, and/or have had explained and understood the requirements of the SWMS and any associated Permits. * I have asked questions if I am unsure and have / will report any concerns / issues immediately. * I will notify the Supervisor if I become aware of a new hazard or change in conditions while performing the works. | | | |
| **NAME** | **DATE** | **TIME (24HR)** | **SIGNATURE** |
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| **9.3 Permit Handover (for change of Permit Holder)** | |
| 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): |  |

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

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