(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 workarea? | 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 theAsbestos 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 yourcompany’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 / FloorPenetration |  |  |  | **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:……./……./………… |