

Permit Application Form

RMIT P.S. use only

Application Number:

1. General Details* (to be completed by Applicant)

PR Number: (Or Work Request No.)	Proposed Start Date:	Proposed End Date:			
Building:	Level:	Room:			
Description of Works:	<p>Example: Sprinklers and cable tray require redirection to accommodate mechanical services fit out. Isolation to be carried out after hours as discussed with FM to minimize impacts to staff and students.</p> <p>Sprinklers have an isolation valve on level 2. Electrical investigation required as elec. schedule not available. Equipment I.D: DB 2-1, DB 2-2 Equipment Asset Barcode: AIR23419 + AIR23420</p>				
Disruption to building users/RMIT activities expected?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Property Services Representative:	Capital Works <input type="checkbox"/> Other <input type="checkbox"/> FM <input type="checkbox"/>				
Head/Principal Contractor (Company):					
Permits Required:	Proposed Start and Finish Date:		Property Services Representative	Approved	
	Start Date:	End Date:	Date Consulted:	Yes	No
Working at Heights					
Fire & Service Isolation					
Hot Works <i>Consider Service and Fire Isolation Permit</i>					
Excavation <i>Consider Service and Fire Isolation Permit</i>					
Hazmat <i>Consider Service and Fire Isolation Permit</i>					
Applicant Name:			Position:		
Contact Details:	Phone:		Email:		
Signature:			Date:		

2. Application Consultation & Approval (To be completed by RMIT Permit Officer Only)

Facilities Asset Management have been consulted and made aware of the scope of works to be performed and have reported that the works do not impact or conflict with other works planned on the campus. <input type="checkbox"/> Date Emailed:		
Property Services Representative consulted for scheduling and Works Notices requirements <input type="checkbox"/> Date Emailed:		
PropServ Desk required to raise WR for Airmaster: <input type="checkbox"/> Yes <input type="checkbox"/> No (please refer to Work Order Details, Page 2, Section 6)		
Approval	Name:	E Number:
	Signature:	

3. Permit Closure (To be completed by Head Contractor once all permits are closed and returned to Permit Office) *Note: Following closeout, the completed permit must be returned to the Permit Office*

Closure	Name:	Position:
	Signature:	

Fire and Services Isolation Permit

5. *General Details (sections 5, 6 & 7 to be completed by Permit Applicant for approval)

Permit Holder (Day):		Permit Holder (Night):	
Phone Number:		Phone Number:	
Company Name:			
SWMS or Risk Assessment Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disruption to Occupants Expected	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Work Order details (to be completed by Permit Applicant)

CA#:		Please note: permit requests presented without a valid CA# will be rejected and associated works may be delayed.
*Airmaster must conduct all Fire Services isolations (smoke/thermal/sprinkler/hydrant) on RMIT infrastructure.		
Are additional service isolations requested on this permit to be conducted by Airmaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Note. Service isolations conducted by Airmaster will be charged to the CA# indicated on this form		
If so, please indicate below which additional isolations are to be conducted by Airmaster:		
<input type="checkbox"/> Gas Suppression <input type="checkbox"/> Other Fire <input type="checkbox"/> Mechanical <input type="checkbox"/> Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Hydraulic/Water <input type="checkbox"/> Other		

7. Isolation Request (to be completed by Permit Applicant)

Day #	Date (DDMMYYYY)	Isolation Time (XX:XX 24hr)	Deisolation Time (XX:XX 24hr)	Fire				Services						
				Smoke *	Thermal *	Sprinklers *	Hydrant *	Gas Suppression	Other Fire	Mechanical	Gas	Electrical	Hydraulic/ Water	Other
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Fire and Services Isolation Permit

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8. RMIT Authorisation (Senior Facilities Coordinator)

I have reviewed the permit information and can confirm that the requested fire isolation has been approved subject to the following permit conditions (where applicable) and timeframes:

Additional Permit Conditions:

Additional Permit Reference No.

Name:

Signature:

Date:

Time:

9. Contractor Confirmation and Permit Handover to site

The handover meeting for the permit must ensure:

- A site walk through must be completed between the Site Manager & Permit Holder**
- The scope of works is clearly defined and agreed work methods in place (e.g. SWMS).
- Any conditions of the permit are communicated between Works Supervisor and Crew.

Task Specific SWMS are in place for the scope of Work.

Reference No/s.

Site Manager:

Name, Sign and date

Permit Holder/s:

Name, Sign and date

PERMIT INSTRUCTIONS

A person required to work under this Permit To Work (PTW) must comply with \ the following instructions:

- Ensure you understand the scope of the work activity and your role / tasks.
- Ensure you have read, and/or have had explained and understand the requirements of the SWMS and any associated Permits.
- Ask questions if you are unsure and report any concerns / issues immediately.
- Notify the Supervisor if you become aware of a new hazard or change in conditions while performing the works.

PRINT NAME	DATE	TIME (24HR)	SIGNATURE

If required, additional sign-off on the back page

10. Permit Handover (for change of Permit Holder, must include Site Manager)

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:	Signature:	Date:	Time:
Site Manager:	Signature:	Date:	Time:

Fire and Services Isolation Permit

Continued Contractor Confirmation...

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1. **A site walk through must be completed between the Site Manager & Permit Holder**
2. The scope of works is clearly defined and agreed work methods in place (e.g. SWMS).
3. Any conditions of the permit are communicated between Works Supervisor and Crew .

Task Specific SWMS are in place for the scope of Work.

Reference No/s.

Site Manager:

Name, Sign and date

Permit Holder/s:

Name, Sign and date

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