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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project details** | | | | | | | | | | | | | | | | | |
| **Project title** | | |  | | | | | | | | **PID or W/O No.** | | | | |  | |
| **Location of project** | | | Site  Location at site | | | | | | | | | | | | | | |
| **Details of project** | | | Brief Description of work | | | | | | | | **Planned start date** | | | | |  | |
| **Planned end date** | | | | |  | |
| **Project Manager** | | | **Name:** | | | |  | | | | **Mobile:** | | | | |  | |
| **Email:** | | | |  | | | | | | | | | | |
| **Contractor or company** | | |  | | | | | | | | **Principal Contractor (PC) appointed?** | | | | | Y  N | |
| **Contractor representative** | | | **Name:** | | |  | | | | | **Mobile:** | | | | |  | |
| **Email:** | | |  | | | | | | | | | | | |
| **Criteria** | | | | | | | | | **Complete?** | | | | **Comments** | | | | |
| **Section 1: Pre-start requirements** | | | | | | | | | | | | | | | | | |
| Contract kick-off meeting held and minutes completed ([FRM-00803](trim://CP/3088837/0" \o "Access Record)). | | | | | | | | | **Y** | | | |  | | | | |
| **Section 2 – Critical Risk /High-risk work requirements** | | | | | | | | | | | | | | | | | |
| The following high-risk work activities have been identified and will require approvals (select relevant activities below) | | | | | | | | | **Y  N/A** | | | | Projects involving high-risk work activities will require increased levels of on-site supervision and monitoring. | | | | |
| [Confined Space Entry](trim://CP/3086822/0) | | | | | [Energised Work](trim://CP/3087575/0) | | | |
| [Excavation and Trenching](trim://CP/3088852/0) | | | | | [High Voltage](file:///K:/Q-Pulse/Docs/Active/FRM-00439%20Corporate%20Safety%20-%20High%20Voltage%20Access%20Permit%20Form.docx) | | | |
| [Grid Mesh, Guardrail and Flooring Removal](trim://CP/3086535/0) | | | | | [Hot Work](trim://CP/3089340/0) | | | |
| [Penetration and Coring](trim://CP/3086533/0) | | | | | [Work at Height](trim://CP/3088608/0) | | | |
| [Work in an Electrical Exclusion Zone (GM approval required)](file:///K:/Q-Pulse/Docs/Active/FRM-00795%20Corporate%20Safety%20-%20WHSMS%20Deviation%20Approval%20Form.DOCX) | | | | | | | | |
| Critical Risks and Controls, high-risk work permit requirements, processes, roles and responsibilities understood by all parties. | | | | | | | | | **Y  N/A** | | | |  | | | | |
| **Section 3 – HSW documentation** | | | | | | | | | | | | | | | | | |
| Contractor’s Safety Management Plan reviewed using the WHS Construction Management Plan Checklist ([FRM-00626](trim://CP/3089925/0)) (review to be in accordance with HSW & Environmental Contractor Management Procedure ([PRO-00808](trim://CP/3088519/0)) | | | | | | | | | **Y  N/A** | | | |  | | | | |
| JSEA /SWMS reviewed and documented using the SWMS Checklist ([FRM-00627](trim://CP/3089418/0)) (SWMS mandatory for all activities that involve high risk construction work) | | | | | | | | | **Y  N/A** | | | |  | | | | |
| **Section 4 – Site access / handover & hand back requirements** | | | | | | | | | | | | | | | | | |
| Site access approval secured for work | | | | | | | | | **Y** | | | | Insert SAA number/s | | | | |
| Contractor’s site access requirements | | access to site only  site to be handed over to PC | | | | | | | Handover date: | | | | | | | |  |
| Planned hand back date: | | | | | | | |  |
| Description of the site, equipment or plant being accessed or handed over: | | | | | | | | | | | | | | | Map of the Work Area/s attached?  **Y  N  N/A** | | |
| Access arrangements confirmed (e.g. arrangements for accessing work area documented, restricted areas defined, responsibility for managing live assets confirmed) | | | | | | | | | **Y** | | | |  | | | | |
| Emergency management responses are confirmed and integrated with the site IERPs as necessary (e.g. emergency alarms, evacuation process, first aid response. | | | | | | | | | **Y** | | | |  | | | | |
| Site familiarisation has occurred with the Contractor (required prior to handover)? | | | | | | | | | **Y** | | | |  | | | | |
| Do additional security arrangements need to be put in place to protect Seqwater's business interests and public safety? | | | | | | | | | **Y  N** | | | | If yes, identify the additional security risk controls and responsibilities. | | | | |
| Are Seqwater access keys, swipe cards or buzzers required? | | | | | | | | | **Y  N** | | | |  | | | | |
| Have all site registers (e.g. Site Hazard , confined space, asbestos registers) been made available to the contractors? | | | | | | | | | **Y** | | | |  | | | | |
| Have all drawings and specifications required to safely complete the work been provided to the contractor? If not, insert when they will be available here (if applicable): | | | | | | | | | **Y  N** | | | |  | | | | |
| Do Seqwater employees and contractors need to access the Site/Plant/Equipment during the period it is in control of the Principal Contractor / Contractor?  If yes, list below (a) access process for Seqwater employee and (b) any access restrictions for Seqwater employee. | | | | | | | | | **Y  N/A** | | | |  | | | | |
| a) Access process |  | | | | | | | | | | | | | | | | |
| b) Access restriction/s |  | | | | | | | | | | | | | | | | |
| **Section 5 – Induction, training and competency** | | | | | | | | | | | | | | | | | |
| All inductions completed and verified (construction white card, Seqwater Site Induction, site familiarisation ). | | | | | | | | | **Y** | | | |  | | | | |
| Are licenses, certification & competencies required to be verified for work throughout the project?  If **Yes** – list requirements e.g. high-risk work licenses / electrical license / work at heights / confined space / scaffolding / dogman and rigger / VOC for persons operating mobile plant. | | | | | | | | | **Y  N/A** | | | | Insert licenses, certification & competencies required here | | | | |
| **Section 6 – Subcontracting arrangements** | | | | | | | | | | | | | | | | | |
| Proposed subcontractors nominated? | | | | | | | | | **Y  N/A** | | | | Detail organisation(s) | | | | |
| Seqwater notification, approval and site access requirements for subcontractors communicated & understood? (e.g. inductions / safety documentation review / verification of licenses & competencies etc.). | | | | | | | | | **Y  N/A** | | | |  | | | | |
| Expectations for onsite supervision of subcontractors communicated and understood? | | | | | | | | | **Y  N/A** | | | |  | | | | |
| **Section 7 – Isolation requirements** | | | | | | | | | | | | | | | | | |
| Isolations required? Refer Energy Tag and Lockout Procedure ([PRO-00014](trim://CP/3086834/0)) | | | | | | | | | **Y  N/A** | | | |  | | | | |
| Isolation process, roles and responsibilities understood by all parties? | | | | | | | | | **Y  N/A** | | | |  | | | | |
| **Section 8 – Major Work Permit (MWP) requirements** | | | | | | | | | | | | | | | | | |
| MWP required? (Mandatory if there is a high-risk that water quality, water supply or the ability to operate flood management assets will be impacted). | | | | | | | | | **Y  N/A** | | | |  | | | | |
| MWP process, roles and responsibilities understood by all parties? | | | | | | | | | **Y  N/A** | | | |  | | | | |
| **Section 9 – Control System Permit (CSP) requirements** | | | | | | | | | | | | | | | | | |
| CSP required? (Mandatory when work will be performed on, or will impact on, the operation of a Seqwater control system). | | | | | | | | | **Y  N/A** | | | |  | | | | |
| **Permit submission** | | | | | | | | | | | | | | | | | |
| I confirm that the content of this permit is correct and aligns with the scope of the project and all of the planning activities defined in this permit have been completed. Evidence of all planning activities are available in REX Ref: Insert REX folder number | | | | | | | | | | | | | | | | | |
| **Permit submitted by**  (Project Manager) | | | | **Name:** | | | |  | | **Date:** | | | |  | | | |
| **Signature:** | | | |  | | | |  | | | | | |
| Comments: | | | | | | | | | | | | | | | | | |

**An electronic copy of this permit must be provided to the relevant Seqwater Access Officer in accordance with the requirements of the PASS Procedure (PRO-01820) for the permit to be issued in CIS. This must occur prior to site mobilisation.**

| **Permit activation** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| The work associated with this permit is able to proceed in accordance with the stated controls and conditions outlined in this permit and in the associated supporting documentation. | | | | | | |
| **Permit Authorised by**  (Seqwater Project Manager) | **Name:** |  | | **Role:** |  | |
| **Signature:** |  | | **Date:** |  | |
| **Permit Activated by**  (Seqwater Operations Representative) | **Name:** |  | | **Role:** |  | |
| **Signature:** |  | | **Date:** |  | |
| As the Contractor/Principal Contractor’s Representative, I understand and accept the conditions of this permit.  PC Project – Control of the work area described in this permit is transferred to the Principal Contractor’s Representative in accordance with the conditions of this permit, contract conditions and requirements of the *Work Health and Safety Regulation 2011* (Qld).  Non-PC Project – Access to the work area described in this permit is provided to the Contractor in accordance with the conditions of this permit | | | | | | |
| **Permit Received by**  (Contractor/Principal Contractor Representative) | **Name:** |  | **Role:** | |  | |
| **Signature:** |  | **Date:** | |  | |
| **Project completion and handover arrangements** | | | | | | |
| Has the plant been returned to full operation and all isolation locks and tags removed? | | | | | | **Y  N  N/A** |
| Have **ALL** Permits (if issued) been handed back (closed) to Seqwater’s operations? | | | | | | **Y  N** |
| Is Contractor demobilisation and site remediation (if applicable) satisfactory? | | | | | | **Y** |
| Has an initial defects inspection been undertaken and agreed actions documented (punch lists)? | | | | | | **Y  N** |
| Arrangements to handover required documentation (e.g. amended plans, drawings) has been agreed with the contractor and relevant stakeholders. | | | | | | **Y  N/A** |
| Have all access keys, swipe cards or buzzers returned? | | | | | | **Y  N/A** |
| Comments: | | | | | | |
| **Surrender and close permit** | | | | | | |
| I confirm that work associated with this permit is complete, project area has been made safe, assets affected by the project have been returned to Operations with known defects communicated. | | | | | | |
| **Permit surrendered by**  (Contractor/Principal Contractor Representative) | **Name:** |  | **Role:** | |  | |
| **Signature:** |  | **Date:** | |  | |
| **Permit closure endorsed by**  (Project Manager) | **Name:** |  | **Role:** | |  | |
| **Signature:** |  | **Date:** | |  | |
| As the Operations representative, I accept that all works associated with this project are complete and the work area described in this permit is returned to Operations. | | | | | | |
| **Permit closed by**  (Operations representative) | **Name:** |  | **Role:** | |  | |
| **Signature:** |  | **Date:** | |  | |
| Comments: | | | | | | |

**Access officer to close the permit in CIS once all parties have given approval for the permit closure.**