

Control Systems Permit Form



Details of control systems activity					
Name of Applicant:				Phone No.:	
Name of Engaging Officer:				Phone No.:	
Site name:				Work Order PID No.	
Location on site:					
Date of activity*:		Start time:		Finish time:	
*The maximum period a permit can be requested for is seven (7) calendar days from the start date for the activity. Where the activity will take longer than seven days, additional permits will be required.					
Description of work to be undertaken:					
Has site access (PASS) been requested and approved (PRO-01820) Permit Access Safety System (PASS)?					Y ☐ N ☐
Risks identified on SWMS and controls identified to manage risks (TEM-00013 SWMS Template)					Y ☐ N ☐
Person has sufficient knowledge in the systems they are interacting with and know to seek advice if they are unsure.					Y ☐ N ☐
Only Seqwater approved devices are to be connected directly to the Control Systems Network.					Y ☐ N ☐
Control Systems Regional "On-Call" team member to be notified by phone or in person that activity is commencing and provide approval to proceed. On call common phone number: 07 3270 4111 (follow the prompts)					Y ☐ N ☐
Additional details & explanations: If there are "N" ticked in the above, ensure an explanation is provided in this section.					
Applicant Acknowledgement					
I understand that the responsibility for the activity and its outcomes rest with me. <i>Note 1 – This form needs wet signature or a verifiable digital signature</i>					
Signature:				Date:	
Please send an invite to applicable regional email address as notification, as follows: controlsystemscentral@seqwater.com.au , controlsystemsnorth@seqwater.com.au or controlsystemssouth@seqwater.com.au . Enter dates and times, location and key details in the body from the permit in the invite. Attach this permit to the invite.					