

This form is for the purpose of obtaining permission to conduct vessel fumigation in the Port of Albany and to assist in ensuring the fumigation poses no health risk to people.

This permit is to be approved by a Southern Ports Representative in accordance with Port of Albany Procedure #34 Issuing Fumigation Permits.

Section 1: Permit Dates

Date		Permit Valid From		Permit Valid To	
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Section 2: Applicant Details

Name of Fumigator		Contact No:	
Company			
Fumigator Licence #			
Ship			
Expected start time/date			

Section 3: Please tick yes or no to the following

Please Tick relevant box		Yes	No
1	Are the fumigators competent and licensed by the appropriate Authority (e.g. WA Department of Health)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Will the fumigation be conducted in line with <i>the Health (Pesticides) Regulations 2011</i> and any other relevant legislation, Codes of Practice and Australian Standards?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the Notice of Intent to Fumigate been sent to AMSA and copied to Southern Ports Albany?	<input type="checkbox"/>	<input type="checkbox"/>
4	Has the Fumigator conducted a risk assessment for this fumigation as per Division 3 S.70 of the <i>Health (Pesticides) Regulations 2011</i> ? (please attach)	<input type="checkbox"/>	<input type="checkbox"/>
5	Have all staff completed the Southern Ports Albany induction?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do all staff hold a valid MSIC?	<input type="checkbox"/>	<input type="checkbox"/>
7	Will appropriate steps be taken to isolate the work area in line with the requirements for the fumigant being used?	<input type="checkbox"/>	<input type="checkbox"/>
8	If required, will you ensure that all non-essential workers (e.g. stevedores, shipping agents) have left the vessel prior to commencing fumigation?	<input type="checkbox"/>	<input type="checkbox"/>
9	Type of fumigant to be used: <input type="checkbox"/> Phosphine <input type="checkbox"/> Methyl Bromide <input type="checkbox"/> Other(please specify):		
10	Has an MSDS for the product being used been provided to Southern Ports Albany?	<input type="checkbox"/>	<input type="checkbox"/>
11	Will an exclusion zone need to be in place? If so, what distance metres	<input type="checkbox"/>	<input type="checkbox"/>
12	Will a communication plan be put in place to ensure all affected people can be advised when the fumigation commences?	<input type="checkbox"/>	<input type="checkbox"/>
13	Will the vessel be immobilised? If so, please advise the Harbour Master	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Applicant / Contractor Statement of Acknowledgement

I acknowledge the requirements of Southern Ports Albany to identify and control risks and work in a safe manner at all times. I confirm the company has satisfactory documented safe systems of work in place and that all permits and licences required are in order and understood.

Name	Signature
Date	Position

Section 5: Southern Ports Albany Representative Statement of Acknowledgement (Southern Ports Use Only)

I am satisfied that the contractor information provided to me is sufficient to show that the contractor has a system in place to fulfil their legal obligations to conduct works in a safe manner. This Permit to Work is approved subject to any conditions listed below.

Southern Ports Representative		
	Name	Signature
Time	Date	Position in Company

Special Conditions for Approval (if any)

Please provide a Clearance Certificate at completion of fumigation

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IN AN EMERGENCY PLEASE CALL 000 AND THEN THE DUTY PILOT (0488 929 095)

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Southern Ports may withdraw this permit at any time if unsafe work practices are seen

Section 6: Notifications

<input type="checkbox"/> Engineer	<input type="checkbox"/> Safety	<input type="checkbox"/> Security
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Environment	<input type="checkbox"/> Pilots