

## Scaffolding Permit - Albany

This form is for the purpose of obtaining permission to erect scaffolding within Southern Ports Albany (SPA-Alb). AS 4576:2020 (Guidelines for Scaffolding) is an approved Code of Practice under Section 274 of the WA *Work Health and Safety Act 2020* (WHS Act).

Design verification of scaffold (if required) must be completed by a competent person i.e. A person suitably qualified, adequately trained and appropriately experienced for the particular class or kind of work described.

Reg 225 - *Work Health and Safety (General) Regulations 2022* requires adherence to the guiding principles of AS/NZS 1576 Parts 1 to 6.

**A Job Safety Analysis (JSA) or equivalent is required to be submitted with this application.**

### Section 1: Permit Dates

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

Name of Applicant		Contact No:	
Company			
Description / Duration of Works			
Site Location			
Equipment			

### Section 3: Please tick yes or no to the following

Please Tick relevant box		Yes	No	NA
1	Do you have an emergency contact and evacuation procedure in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have the required competency to erect the particular class of scaffold required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	If you are installing <b>Tube and Coupler scaffold</b> , does it meet the configuration requirements of AS/NZS-1576.6? If no, design verification may be required under Section 10.6 of AS 4576:2020.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	If you are installing a <b>Cantilevered Scaffold</b> , has the design been verified by a competent person as compliant with the requirements of AS/NZS 1576.1, as per Section 10.8 of AS 4576:2020?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	If you are installing a <b>Hung Scaffold</b> , has the design been verified by a competent person as compliant with the requirements of AS/NZS 1576.1 as per Section 10.9 of AS 4576:2020?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Will all scaffolding work be conducted in accordance with the requirements of AS 4576:2020 Guidelines for Scaffolding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Will you maintain observations of weather and sea conditions, if applicable, to ensure a safe working environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 4: Design Verification (if applicable)**

Name of Designer (please attach design drawing)	Signature
Name of Person Verifying Design	Position

**Section 5: Contractor Representative Statement of Acknowledgement**

I acknowledge the requirements of SPA-Alb 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.

Business Representative Signature	Position in Company	Date & Time

**Section 5: SPA Representative Statement of Acknowledgement (SPA 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 Scaffolding Permit is approved subject to any conditions listed below.

SPA-Alb Representative Signature	Position	Date & Time

**Section 6: Specific Conditions / General Comments**


**SPA-Alb may withdraw this permit at any time if unsafe practices are observed.**