

PERMIT TO WORK - ALBANY

This document must be lodged with, and authorised by, Southern Ports Albany (SPA-Alb) before contractors can conduct non-routine work on site. Non-routine work performed by contractors must be planned so that hazards are identified and control measures put in place to protect personnel, plant and equipment and the environment. Please refer to your Port contact to clarify the meaning of non-routine.

Non-routine work may include, but is not limited to: excavation, hot work, diving operations, high risk construction including demolition, scaffolding, confined space work, abrasive blasting and any work under the berths.

Please contact the SPA-Alb if you are unsure as to whether you need a permit

		you are arreare as to mistine, you	need a permit				
Sect	ion 1: Application Deta	ls					
	Business Name						
Business Representative			Phone #				
Site Supervisor			Phone #				
SPA-Alb Representative			Phone #				
Work Order or Contract #							
Sect	ion 2: Description of Sc	cope of Work (include times and	location)				
Sect	ion 3: Checklist of Pern	nits or Procedures to be complete	ted				
Please tick the appropriate boxes to show consideration of necessary procedures, refer to Contractors Handbook or your Southern Ports Representative if unsure							
Proc	edures						
1	Isolation & Tag Out Proprocedure?	cedure – including instruction an	d understanding of SPA	☐ Yes	□No		
	procedure:		 Electrical isolation 	☐ Yes	☐ No		
			 Other isolation 	☐ Yes	☐ No		
2	Job Safety Analysis (or	equivalent) completed?		☐ Yes	□No		
3	Port Inductions complet	ed?		☐ Yes	□No		
4	All staff have MSIC's as required?			☐ Yes	□No		
5	Will Traffic Managemen	be required?		☐ Yes	□No		
6	Have you considered eliminating/reducing single use plastics from this activity?			☐ Yes	□No		
Acti	vity						
1	Confined Space – see	SPA-Alb Confined Space Permit		☐ Yes	□No		
2	Excavation – see SPA-	Alb Excavation Permit		☐ Yes	□No		
3	Hot Work – See SPA-A	lb Hot Work Permit		☐ Yes	□No		
4	Working at Heights - S	SPA-Alb Working at Heights Permi	it	☐ Yes	□No		
5	Crane Lift – SPA-Alb Li	ft Permit	Berth related	Yes	☐ No		
			Non – berth related	Yes	☐ No		
6	Diving - See SPA-Alb I	Dive Permit		☐ Yes	☐ No		

Document Owner: Approved by:

Port Manager SPA-Alb Regional Manager SPA-Alb

Revision No: Review Due: **UNCONTROLLED WHEN PRINTED**

16/06/2024

Revision Date: FSA Reference:

16/06/2022 GOVE-1688532262-122

Page 1 of 2



PERMIT TO WORK - ALBANY

7	Abrasive Blasting - See SPA-Alb Blasting Permit			☐ No					
8	Working from a Vessel - See SPA-Alb Work Afloat Permit			☐ No					
9	Scaffolding - See SPA-Alb Scaffolding Permit			☐ No					
10	Vessel Fumigation – See SPA-Alb Vessel Fumigation Permit			☐ No					
11	High Risk Construction Work - Requires Safe Work Method Statement (SWMS)			☐ No					
12	Demolition Work - Requires approval from WorkSafe (DMIRS) and Risk Assessment	ent [Yes	☐ No					
Section 4: Applicant's/Contractor's Regulatory Requirements									
1	High Risk Work Licences – Forklift, EWP, Rigging, Crane, etc (Individual Operator)	□NA	☐ Yes	□No					
2	Heavy Vehicle Licences (Individual Operator)	□NA	☐ Yes	□No					
3	Classified plant & heavy vehicle valid certificates/registration		☐ Yes	□No					
4	Valid insurances – Public Liability & Workers Compensation	□NA	☐ Yes	☐ No					
5	Safety Data Sheets (SDS) – HAZCHEM	□NA	☐ Yes	□No					
6	PPE appropriate for Scope of Work (SPA-Alb mandatory PPE is a minimum)	□NA	Yes	☐ No					
7	Marine qualifications (Coxswain, Restricted Coxswain, Master Class 5 etc)	□NA	Yes	☐ No					
8	Other (e.g. working at heights)	□NA	☐ Yes	☐ No					
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. I confirm that all permits and licences required are in order and understood. I confirm that adequate on site supervision will be provided.									
В	Business Representative Signature Position in Company Date &								
Sec	tion 6: 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 Permit to Work is authorised subject to any conditions listed in Section 7 below.									
S	PA-Alb Representative Signature Position	I	Date & Time						
Section 7: Specific Conditions / General Comments									
Note: The applicant must hold a copy of this form at all times while on site.									
Note	e: The applicant must hold a copy of this form at all times while on site.								
	e: The applicant must hold a copy of this form at all times while on site. -Alb may withdraw this permit at any time if unsafe practices are observed.								

Document Owner: Approved by:

Port Manager SPA-Alb Revision No: Regional Manager SPA-Alb Review Due: UNCONTROLLED WHEN PRINTED

Revision No:

06 16/06/2024

Revision Date: FSA Reference:

16/06/2022 GOVE-1688532262-122 Page 2 of 2