



Section 1: Work Summary

Purpose		is Workbox Permit Form is used to make an application for use of a workbox supported by a crane, hoist or forklift at outhern Ports.							
Permit Requestor	The	The Permit Requestor is to complete this section.							
	Per	rmit Requestor Name		Co	Contact Number				
	Pos	sition in Company		Aj	Application Date				
	Pro	pposed Start Date		Pi	Proposed End Date				
	Wo	ork Order or Scope		Pe	Permit Number				
Works	Loc	ation		Po	Port ☐ Albany ☐ Bunbury ☐ Esp		erance		
	Equ	uipment Manufacturer		St	Stamp Number				
	Мо	del		W	Workbox ID Mark				
	Des	Description of Works							
Safe System	The	The Permit Requestor is to submit supporting documents as required.							
of Work		☐ Job Hazard Analysis ☐ Safe Work Method Statement ☐ Other (specify)							
Section 2: Pi	epara	tions for Work							
Precautions	•		re to be taken for the works,	as required.					
	#	# Precautions					Yes	N/A	
	1.	Danger warning signs, delineation and hard barricading are in place on unprotected edges.							
	2.	Drop zone is danger delineated and barricaded.							
	3.	3. Unless the workbox is fully enclosed, workers must be attached to an anchorage by a lanyard and harness.					yard and		

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Permit Requestor	I acknowledge the requirements of Southern Ports 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, that all required permits and licences are in order and understood, and that I will comply with any special conditions stated in the statement of approval.						
Permit Approver	The risk control measures and precautions appropriate for the safe entry and execution of works in the Workbox area have been implemented. The persons required to enter the workbox have been deemed competent and have been advised of and understand the requirements of this Permit. The Permit is approved subject to the conditions below.						
Conditions	☑ A copy of this Permit must be kept with the party during the works to be shown to Southern Ports workers on demand.						
Notifications	Notification will be given to stakeholders and affected workers conducting simultaneous operations in the vicinity.						
	☐ Operations & Maintenance ☐ Wharf Supervisor ☐ Other (specify)						
	Name	Position	Signature	Date			
Requestor							
Approver							
	ntement of Completion he work area has been inspected	d, materials and equipment removed ar	nd is safe to return to normal operation	ns			
	•	d, materials and equipment removed ar Position	nd is safe to return to normal operation Signature	ns Date			
I confirm that tl	he work area has been inspecte						
I confirm that the state of the	he work area has been inspecte						
	he work area has been inspecte						

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