Southern Ports

Workbox Permit Form

Section 1: Work Summary

Purpose

This Workbox Permit Form is used to make an application for use of a workbox supported by a crane, hoist or forklift at Southern Ports.

Permit Requestor

The *Permit Requestor* is to complete this section.

Permit Requestor Name		Contact Number	
Position in Company		Application Date	
Company		Department	
Proposed Start Date		Proposed End Date	
Work Order or Scope		Permit Number	

Works

Location		Port	☐ Albany ☐ Bunbury ☐ Esperance
Equipment Manufacturer		Stamp Number	
Model			
Description of Works			

Safe System of Work

The *Permit Requestor* is to submit supporting documents as required.

☐ Job Hazard Analysis ☐ Safe Work Method Statement ☐ Other (specify)

Section 2: Preparations for Work

Precautions

The following precautions are 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.	Unless the workbox is fully enclosed, workers must be attached to an anchorage by a lanyard and harness.	☐	☐

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Section 3: Acknowledgement and Approval

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 request.
☐
☐

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				

Section 4: Statement of Completion

I confirm that the work area has been inspected, materials and equipment removed and is safe to return to normal operations

	Name	Position	Signature	Date
Requestor				
Approver				

Comments

A copy of the Permit is controlled by the *Permit Approver*. The original Permit must be kept on site by the *Permit Requestor* and returned to the *Permit Approver* on completion.