

NOTE A MINIMUM OF FIVE (5) WORKING DAYS NOTICE IS REQUIRED PRIOR TO THE PLANNED COMMENCEMENT OF WORKS. THE CONTRACT MANAGER IS RESPONSIBLE FOR OBTAINING A COPY OF THE OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT PLAN (OHSMP), SAFE WORK METHOD STATEMENT (SWMS), JOB SAFETY ANALYSIS (JSA) OR EQUIVALENT PRIOR TO THE COMMENCEMENT OF WORKS TO BE SATISFIED THAT THE WORKS WILL BE UNDERTAKEN SAFELY.

Contractor to Complete

1. REQUEST FOR CLEARANCE TO WORK *(To be completed by Contractor)*

Name of Contractor Completing Work: _____ Date Submitted: _____

Physical Location of Works: _____

Title of Works: _____

Scope of works for this Permit: _____

Duration of work: Start date: _____ Finish date: _____ Days of work: _____

Start time: _____ Finish time: _____ Hours of work: _____

Revised dates: Revised finish date: _____ Authorised Person: _____

(If required) Revised finish time: _____ Signature _____ Date _____

AUTHORISED PERSON TO COMPLETE

THE FOLLOWING DOCUMENT(S) HAVE BEEN ATTACHED (Refer Procedure)

Description of Works* Other _____

*Description of Works means a document (for example: Scope of Works or Work Method Statement) which provides sufficient detail to allow the Authorised Person to determine the type of tasks to be undertaken and the potential impact of any work to the Aqwest asset. Upon submission additional information may be requested by the Authorised Person.

CONTRACTOR PERSON RESPONSIBLE FOR SUPERVISING WORKS FOR THE DURATION OF THIS PERMIT

Name: _____ Contact Number: _____ Fax: _____

E-mail: _____

AQWEST CONTRACT MANAGER FOR THE ABOVE WORKS

Name: _____ Contact Number: _____

FORWARD THIS PERMIT TO THE AUTHORISED PERSON (AND COPY TO CONTRACT MANAGER)

Authorised Person to Complete

2. AUTHORISATION *(To be completed by Authorised Person)*

Applicable Permits, Forms & Additional Requirements (please tick)

Confined Space Entry Permit Hot Work Permit

THE CONTRACTOR IS HEREBY ADVISED OF THE FOLLOWING ADDITIONAL SITE SPECIFIC HAZARDS / CONDITIONS

ATTACH ADDITIONAL INFORMATION AS REQUIRED

BY UNDERTAKING WORKS WITH THIS PERMIT, BOTH THE CONTRACTOR AND CONTRACT MANAGER AGREE TO ENSURE SUITABLE CONTROLS ARE IMPLEMENTED FOR HAZARDS IDENTIFIED AS PART OF BOTH SECTION 1 AND 2 OF THIS PERMIT.

Normal AQWEST Contractor OHS Requirements also apply.

Application for Clearance to Work has been: Approved Denied Further Information Requested

Signature: _____ Date: _____

AUTHORISED PERSON OPERATIONS PERSON RESPONSIBLE FOR THE OPERATION OF THE ABOVE ASSET

Name: _____ Contact Number: _____

RETURN PERMIT TO CONTRACTOR SUPERVISOR (AND COPY TO CONTRACT MANAGER)

Contractor

3. WORK COMPLETION *(To be completed by Contractor)*

I confirm the items listed in Section 1 & 2 have been implemented and the above works are completed. YES

I confirm all completed documented information is provided with this permit on completion (e.g. safety documentation, quality documentation etc.). YES

Name _____ Signature: _____ Date: _____ Contact Number: _____

RETURN PERMIT TO AUTHORISED PERSON (AND COPY TO CONTRACT MANAGER)

Authorised Person

4. FINAL SIGN OFF & CLOSE OUT *(To be completed by Authorised Person)*

I confirm completion of the above work and all associated permits have been closed. This permit is now closed out. Inspection of this asset has been completed prior to bringing the asset back into service. YES

Completed documented information received (e.g. safety documentation, quality documentation etc.). YES

Name _____ Signature: _____ Date: _____

RETURN PERMIT TO CONTRACTOR SUPERVISOR. RETAIN AND FILE COPY AS A RECORD.

RETAIN A COPY OF THIS PERMIT

Authorised Persons Register

	Building Maintenance / Projects (Administration & Stores Buildings)						
	Minor Works (Not involving High Risk Work e.g. plumbing, pest management, grounds maintenance, fencing, roller/sliding door/gate).	High Risk Work (Any work defined as High Risk Work)	Building Maintenance / Projects (Treatment Facilities Buildings)	Chlorine Systems Maintenance / Projects	Distribution Maintenance / Projects	Mobile Plant Maintenance	Treatment Maintenance / Projects
Asset Management Coordinator	✓	✓	✓		✓	✓	✓
Coordinator Water Distribution	✓	✓	✓		✓	✓	✓
Coordinator Water Treatment	✓	✓	✓	✓	✓	✓	✓
Engineering Technical Officer	✓	✓	✓		✓	✓	✓
Manager Corporate Services	✓						
Manager Water Services	✓	✓	✓	✓	✓	✓	✓
Safety Training & Compliance Officer	✓	✓	✓			✓	
Supply Officer	✓	✓				✓	
Team Leader Distribution	✓	✓			✓	✓	
Technical Support Officer	✓						
Water Quality Supervisor	✓	✓	✓	✓		✓	✓

Prompts for Authorised Persons

This list is intended as an aid to the Authorised Person (or others) to identify potential impacts of the works in assessing an application for a CTW Permit.

<p>Hazards (to the Contractor, through interaction with the AQWEST asset/site)</p>	<p>Confined Space Entry Striking our underground service Asbestos Unsafe atmosphere (H2S, LEL, CO, oxygen too low or high, other) Exposure to, or spills of chemicals, fuels, chlorine or other Dangerous Goods Work at heights or openings Pressurised equipment Equipment needing isolation (fluid, gas, power, stored energy) Noise/vibration Ultraviolet lamps RF energy (e.g. transmission towers) Conditions on site temporarily in an unsafe condition (tagged, barricaded) Drowning/engulfment/flooding Metallic service with potentially induced voltage from adjacent power lines Site Induction requirements not met</p>
<p>Drinking Water Quality</p>	<p>Water Treatment plant operation Chlorinator operation Backflow into the reticulation</p>
<p>Other Permits/checklists required</p>	<p>Confined Space Entry Permit Hot Work Permit Working at Heights Permits</p>
<p>Potential operational impacts or asset damage</p>	<p>Disruption of supply to customers Damage caused by mobile plant Chemical or biological contamination Access to equipment blocked during the work Fire/explosion Delays to work require asset to be isolated longer than planned Bypasses needing to be arranged Contingency plans needed (by Contractor, or Aqwest) Notification or approval by others required Site security compromised Local constraints to water discharge/dewatering Contractor’s provision for clean-up or site restoration Causing direct damage to a pipe or coating Causing excessive impact, shock or vibration Causing excessive loading Limiting future access Disturbing foundations or bedding Causing subsidence Altering the depth of cover Interference with cathodic protection</p>

REVISION HISTORY

Version	Date released	Description of Changes	Author	Authorised by
Draft		First Draft	Robert Allan (STCO)	
1.0	27/04/2017	First Version	Robert Allan (STCO)	Gary Hallsworth (MWS)
1.1	22/02/2019	Completed documented information required included.	Robert Allan (STCO)	Robert Allan (STCO)
1.2	15/05/2019	Included Authorised Persons Register	Robert Allan (STCO)	Robert Allan (STCO)