

INFRASTRUCTURE AND FACILITIES SERVICES

Permit to Work Application - Hunter Building (H)



Instructions: Please save a copy to your desktop or another location to prevent any data loss.

Requirements: Contractors must be familiar with the University of Newcastle Guide to the Permit to Work System prior to completing this application. Work through each ORANGE section of the form sequentially. GREY sections are for UoN use only					
Office Use Only	Application Number		Date Issued		Expiry Date
Section A - Contractor details					
<i>Provide sufficient detail to identify the Company undertaking the work, Responsible contractor, Where the work is planned and a detailed description of the activity.</i>					
Contractor/Company					
Contractor Responsible Person (Name & Position)					
Contact Phone Number					
Email Address					
UoN Contact					
Project/Work Order #					
Section B - Nature of Work					
Audio Visual	Fire	Building	Mechanical	Electrical	
Other (specify)					
Specific Location					
Detailed Description of works including equipment to be used					
Does this activity involve any of the following					
Access to the ceiling space?			Access to the undercroft?		
Penetration / drilling of any surface?			Running cabling / wiring?		
Could this work cause disruption to building occupants (eg. noise, vibration, fumes etc)					
Date on which work will commence:					

Section C - Risk Assessment, SWMS				
Risk Assessment	A risk assessment must be completed for all activities and provided with submission of this Notice.			
	Has a risk assessment been completed? Attach to this submission	Yes	No	
Safe Work Method Statements	A Safe Work Method Statement(s) must be completed for all high risk activities and provided with submission of this Notice.			
	Has a Safe Work Method Statement been completed? Attach to this submission	Yes	No	N/A
Section D - Contractor Statement				
As the person responsible, for this activity (name):				
I confirm that all equipment and work methods comply with all applicable Regulations, industry codes and Australian Standards.		Yes	No	N/A
I confirm that I have considered and controlled the activities; have completed Risk Assessments and Safe Work Method Statements for high risk activities detailed above. (Copies are attached to this submission)		Yes	No	N/A
I confirm that all personnel associated with these activities have been appropriately trained; are competent to perform their task, with current certificates and licenses; and have been consulted and are familiar with all applicable SWMSs		Yes	No	N/A
<i>This form, when sent from an account of the business (the PCBU) is accepted as if it was signed by the relevant business appointed project supervisor. By forwarding this form by email, the PCBU guarantees that all information it contains has been agreed to by that supervisor, and the work will be completed in line with the information within the form.</i>				
Section E: Internal Use: Permit to Work Hunter Building (H) Assessment and Review				
The permit to work for the Hunter Building (H) has been considered and the Contractor may proceed with the activity as outlined, being sure to minimise the disruption to University activities where possible; and to ensure the health and safety of all workers, staff and students. The Contractor must review and abide by any specific permit conditions and/or further controls as identified below.			Yes	No
Name of IFS Representative:				
Signature of IFS Representative:				
Position:				
Contact details:				
Date:				
The Contractor accepts responsibility for conduct of the work and must at all times comply with applicable legislation and standards.				

Section F - On Completion of Work**Contractor to complete and return to IFS Representative**

Contractor: All work has been completed as identified in the Description of Work.	Yes	No	NA
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Contractor: Work did not commence or was suspended.	Yes	No	NA
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The following issues were encountered:			
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These issues were addressed by:			
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Contractor: All affected services have been restored	Yes	No	NA
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Contractor: The site has been made safe for its original use.	Yes	No	NA
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Contractor:			
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Signature:		Date:	
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IFS Representative to complete

I am satisfied that the work has been completed as described & the site has been made safe for its original use.	Yes	No
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IFS Representative:			
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Signature:		Date:	
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