

This permit is to obtain permission to conduct confined space works in Port Waters or on Port Lands. A JHA and rescue plan is required to be submitted with this application. This permit is primarily for the scheduling of works only and should not replace an individual's own confined spaces permit for the works (i.e. to record atmospheric testing, entry times etc.) and are to be used in conjunction with each other.

**SECTION 1: Applicant Detail's**

Name of Permit Applicant (person undertaking work onsite)	Name: Contact No:
Company	
Company representative/ contact filling out permit (if different to permit applicant)	Name: Contact No: Email:

**SECTION 2: Description of Location and Activity**

Vessel Name or Site Location	
Description of Works	
Equipment being used	

**SECTION 3: Permit Dates**

**Permit Requested For** (to be filled out by permit applicant)

Start Date:		End Date:	
Start Time:		End Time:	

**Permit Dates Authorised** (to be filled out by Permit Authoriser)

Start Date:		End Date:	
Start Time:		End Time:	

**SECTION 4: Permit Conditions**

Permit Applicant to tick yes or no to the following:	YES	NO
1. Does the JHA/Procedure include a safe means of access/egress to the work location and PPE requirements?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a spotter/sentry been nominated and method of communication confirmed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the area be barricaded/cordoned off and warning signs displayed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the person/s conducting the work suitably trained and competent as per Australian Standard?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the rescue plan been discussed, documented and communicated?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the equipment you are using fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>

 <p><b>KIMBERLEY PORTS AUTHORITY</b> Broome Port Services</p>	<h2>CONFINED SPACES WORK PERMIT</h2>	File ref: SHP___/
		Version: V1.4 / 76569
		Issue date: Feb 2020
		<b>Permit No:</b>

7. Will the task be carried out in accordance with AS2865-2009 Confined Spaces and any other applicable Codes of Practice and Guidance Notes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the person/s conducting the work suitably trained and competent?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 5: Applicant Statement of Acknowledgement**

By signing this document, the Applicant:

- Agrees that they are responsible for the works being undertaken and that they will work in a safe manner at all times and ensure that their contractors work in a safe manner;
- Confirms that the company they represent and contractors they use at the Port of Broome will:
  - (i) have safe systems of work in place;
  - (ii) use equipment that is certified (when required) and fit for purpose;
  - (iii) be competent in the type of work being undertaken; and
  - (iv) hold all required permits and licences.

Signature:		Position:	
Name:		Date:	/ /

**SECTION 6: KPA Permit Authoriser Review**

- Check permit is filled out correctly
- Check supporting documents are completed (Rescue Plan, JHA, SOP where required)
- Clarify details with applicant where required.
- Check scheduling for other permits and activities
- For KPA contractors, ensure the relevant KPA contact has been advised of the work (i.e. Maintenance department, Engineering or Operations)

**SECTION 7: KPA Permit Authoriser Statement of Acknowledgement (KPA Use Only)**

I have reviewed the permit, checked for any conflicting works and can confirm that this Permit to Work is authorised subject to any conditions listed below.

Signature:		Position:	
Name:		Date:	/ /

Special Conditions for approval – if any	
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**SECTION 8: Notification to the Vessel Master Prior to Activity Commencement (if applicable)**

Prior to activation of the permit, the Permit Applicant must notify the Vessel Master who will sign below:

Vessel Master Name		Signature:	
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Vessel Master to notify KPA on commencement and completion of works on Channel 14 or via email if outside office hours to [operations@kimberleyports.wa.gov.au](mailto:operations@kimberleyports.wa.gov.au)

**SECTION 9: Completion Sign Off. (Provide form to Gatehouse or KPA contact on departure)**

Permit Applicant		Signature:		Date & Time	
KPA Rep		Signature		Date & Time	