|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MWPA Use Only** | Authority to Work No. |  | Permit No. |  |
| Associated Permits |  |  | Work Order No. |  |

**Applicant (Permit Owner) to complete Sections 1-6.**

| Section 1. Permit Owner Details | | | | | |
| --- | --- | --- | --- | --- | --- |
| Full Name | |  | Company | |  |
| Email Address | |  | 24hr Contact No. | |  |
| MWPA Responsible Worker | |  | MWPA Responsible Worker Contact No. | |  |
| Start Date / Time |  | | Completion Date / Time |  | |

| Section 2. Reason for Blasting Work / Scope of Work |
| --- |
|  |
|  |

| Section 3. Location of Blasting Work |
| --- |
|  |
|  |

| Section 4. Type of Blasting Work (Tick **all** applicable types) | | | |
| --- | --- | --- | --- |
|  | Dry Abrasive Blasting |  | Hydro Blasting (>10,000 psi) |
|  | Wet Abrasive Blasting |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| Section 5. Requirement Checklist | | |
| --- | --- | --- |
| The following minimum requirements MUST be met / understood / attached by Permit Owner. | | |
|  | **MWPA Abrasive Blasting Procedure** – Permit Owner confirms they have reviewed the Procedure. | |
|  | **Risk Assessment** – Permit Owner confirms a risk assessment meeting the minimum requirements identified within the MWPA Abrasive Blasting Procedure must be ATTACHED with this application.  The risk assessment must include Emergency Procedures, or they are to be attached as a separate document.  Copies may be required for adjacent leaseholders / operations. | |
|  | **Safety Data Sheets (SDS)** –Permit Owner confirms that they have contacted MWPA responsible Worker, and the proposed product is approved for use on MWPA premises. A copy of the SDS shall be ATTACHED with this application. | |
| Yes  No  NA | | **Isolations** – Permit Owner confirms they have discussed the scope of work with the MWPA responsible Worker and understand the isolation requirements for the proposed work.  ***Note:*** Isolations shall be completed by MWPA Electrical team (Workers) prior to the commencement of works. |
| Yes  No  NA | | **Abrasive Blasting Near the Marine Environment** – Are works located where material may enter the marine environment? If yes, Permit Owner confirms they have reviewed the mandatory requirements included within the Abrasive Blasting Procedure. |
| Yes  No  NA | | **Works Adjacent to a Berth** –Are the works adjacent to a berth, near bollards or close to vessel mooring lines? If yes, Permit Owner confirms they have reviewed the hazards associated with this activity in the Worker’s Handbook. |
| Yes  No  NA | | **Works Within 5m of a Fuel Pipeline** –If works are scheduled within 5m of a fuel pipeline then additional requirements may apply from the licenced pipeline owner. Permit Owner confirms they have discussed this issue with the Permit Coordinator. |
| Yes  No  NA | | **Confined Space** –Is work area a confined space? If yes, Permit Owner confirms they have reviewed the following.   * Mandatory requirements included within the Abrasive Blasting Procedure. * Confined Space Entry Procedure and completed an Application for Confined Space Entry**.** |

| Section 6. Permit Owner – Acceptance of Conditions / Requirements | | | |
| --- | --- | --- | --- |
| By signing this document, I understand and accept the Terms and Conditions of this application and declare that all information given is true and accurate.  I understand that prior to the commencement of work, this Application and supporting documentation will be subject to site review and final approval. | | | |
| Permit Owner Name | | | |
| Signature |  | Date |  |

**This form and attached documents should be emailed to** [**permits@midwestports.com.au**](mailto:permits@midwestports.com.au)**.**

| Section 7. MWPA Use – Authorisation | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Permit Coordinator confirms appropriate Authorisations have been completed. | | | | | | | |
| **Permit Received** | | **Position** | **Name** | | | **Signature** | **Date** |
| Yes  No  NA | | Duty Operations Supervisor (BHF Work) |  | | |  |  |
| Yes  No  NA | | Maintenance Supervisor (Port Work) |  | | |  |  |
| Yes  No  NA | | Project Engineer (Project Work) |  | | |  |  |
| Yes  No  NA | | Environmental Advisor (Specialist Review) |  | | |  |  |
| Yes  No  NA | | Permit Authoriser – Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | **Authorised** | | |  | **Rejected – Revise and Resubmit** | | |
| Authoriser Name | | | | Signature | | | |
| Role | | | | | | | |
| Comments | | | | | | | |
|  | | | | | | | |
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| Section 8. MWPA Use – Issue | |
| --- | --- |
|  | The Application has been reviewed by the appropriate Permit Authorisers and found suitable for return to the Permit Owner. |

| Section 9. MWPA Use – MWPA Responsible Worker Site Approval | | | |
| --- | --- | --- | --- |
| I confirm that this Application and supporting documentation has been reviewed. The Permit is now OPEN and Permit Owner has been advised they have control of their activities and work may commence. | | | |
| **MWPA Responsible Worker Name** | **MWPA Responsible Worker Position** | **Signature** | **Date / Time** |
|  |  |  |  |

| Section 10. Permit Owner – Acceptance of Conditions / Requirements | |
| --- | --- |
| I confirm that this Permit is now OPEN and as the Permit Owner, I have control of the work activities covered by this Permit. Daily revalidation shall be recorded prior to the commencement of work. | |
| Permit Owner Name | |
| Permit Owner Position | |
| Signature | Date / Time |

| Section 11. Permit Owner – Site Review and Revalidation | | | |
| --- | --- | --- | --- |
| Daily revalidation shall be recorded prior to the commencement of work. | | | |
| **Permit Owners Name** | **Permit Owners Position** | **Signature** | **Date / Time** |
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| Section 12. MWPA Use – Completion of Work | |
| --- | --- |
| Permit Owner advises MWPA Responsible Worker work has been completed. I confirm the work area has been left in a clean, safe and acceptable condition and the Permit can be CLOSED. | |
| MWPA Responsible Worker Name | |
| MWPA Responsible Worker Position | |
| Signature | Date / Time |

| Section 13. MWPA Responsible Worker – Permit Closed | |
| --- | --- |
|  | Permit has been CLOSED. |

| Section 14. MWPA Terms and Conditions |
| --- |
| 1. To ensure timely approval for PERMITS, the following MINIMUM approval times apply.    * Application for Land Based Crane Lift, Application to Excavate / Penetrate and Application for Traffic Management shall be lodged at least seven days prior to work.    * All other Permits shall be lodged at least three days prior to works. |
| 1. A copy of this Application for Abrasive Blasting Permit plus mandatory documentation is to be held on site at all times. |
| 1. Permit Applicant accepts that no work can commence on site until this Permit and associated documentation has been reviewed and approved on site. |
| 1. All Workers accessing MWPA sites, as a minimum are required to have completed the MWPA Induction. Within the Landside and Waterside Restricted Zones, individuals are required to carry their own Maritime Security Identification Card (MSIC) at all times. A visitor’s pass may be obtained, although all visitors must be escorted at all times by a holder of a current MSIC. |
| 1. Any incidents (safety / environmental / damage) must be reported to MWPA immediately.  After hours, please call the 24hr Emergency Contact on 0437 413 734. |

\* Refer to Permit Revalidation Extension form if work period extends past seven days.

**Custodian – Maintenance Superintendent**

**Approver – Maintenance Services Manager**