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| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | **PERMIT to WORK**  Contractor Safety Procedure | **WHS27** |

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|  |  | Contract/Project Number: |  |
| UniSA has a duty of care to ensure the health & safety of contractors whom they engage for service and others who may be affected by the work carried out. This Permit to Work (PTW) **MUST** be completed by Contractors prior to undertaking work at UniSA. The relevant UniSA Contract Supervisor is authorised to approve this permit and other internal permits relating to this work.***NOTE:*** *Where UniSA has commissioned a Principal Contractor for a construction project, the Principal Contractor is responsible for the management and control of the permit to work arrangements.* | | | |

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| **SECTION 1: Contractor to complete** | | | | | | | | | | |
| **Date of Issue:** | **/ /** | | | | **Valid from:** | **am/pm / / to am/pm / /** | | | | |
| 1. **Contractor Details** | | | | | | | | | | |
| Company Name: | | | | |  | | | | | |
| Contractor(s) Name(s) (undertaking work): | | | | |  | | | | | |
| Contact Details: | | Email: Mobile: | | | | | | | | |
| 1. **UniSA Contract Supervisor Details** | | | | | | | | | | |
| Uni SA Contract Supervisor’s Name: | | | | |  | | | | | |
| Contact Details: | | Email: Mobile: | | | | | | | | |
| 1. **Work to be Undertaken** | | | | | | | | | | |
| Location of Work (Campus and Building): | | | | |  | | | | | |
| Description of Work to be Undertaken: | | | | |  | | | | | |
| 1. **Hazard Identification (Hazardous Tasks)** | | | | | | | | | | |
| All reasonably foreseeable hazardous tasks associated with the work to be undertaken **MUST** be identified. Documentation (Safe Work Method Statement, Job Safety Analysis or equivalent) on how hazardous tasks will be safely undertaken **MUST** be provided to the UniSA Contract Supervisor prior to this PTW being authorised. | | | | | | | | | | |
| Indicate below with a tick (🗸) any potentially hazardous tasks associated with the work to be undertaken. | | | | | | | | | | |
| Abrasive Blasting | | |  | Falling Objects | | |  | Pressure Equipment Operation |  |
| Access to High Voltage | | |  | Fire / Explosion | | |  | Scaffolding |  |
| Asbestos Work | | |  | Forklift Operation | | |  | Spray Painting |  |
| Chemicals Exposure | | |  | Gas / Fumes | | |  | Traffic / Pedestrians |  |
| Crane or Hoist Operation | | |  | Hot Work | | |  | Uneven and/or Slippery Surfaces |  |
| Demolition | | |  | Isolated Work | | |  | Welding or Abrasive Cutting |  |
| Electrical | | |  | Manual Handling | | |  | Working at Heights |  |
| Environmental | | |  | Mobile Plant | | |  | Working in Confined Spaces |  |
| Excavation and/or Trenching | | |  | Poor Housekeeping | | |  | Other: |  |
| Excessive Noise | | |  | Poor Lighting | | |  | Other: |  |
| Explosives | | |  | Power Tools | | |  | Other: |  |
| 1. **High Risk Work License** If Not Applicable, tick check box ☐ | | | | | | | | | | |
| The following work requires a High Risk Work License (HRWL) with the applicable Class Codes verified before this Permit can be approved. | | | | | | | | | | |
| Crane and Hoist Operation ☐ Mobile Crane Operation ☐ Elevated Work Platform (boom length 11m or >) ☐  Dogging and Rigging Work ☐ Forklift Operation ☐ Pressure Equipment Operation ☐ Scaffolding Work ☐ | | | | | | | | | | |

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| 1. **High Risk Work License Verification** If Not Applicable, tick check box ☐ | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name on License:** | | | | |  | | | | | | | | | | | **Expiry Date:** | | | | | | | **/ /** | | |
| **HRWL Class(es):** | | | | |  | | | | | **License Number:** | | | |  | | **Copy Attached:** | | | | | | | **Yes / No** | | |
| **Name on License:** | | | | |  | | | | | | | | | | | **Expiry Date:** | | | | | | | **/ /** | | |
| **HRWL Class(es):** | | | | |  | | | | | **License Number:** | | | |  | | **Copy Attached:** | | | | | | | **Yes / No** | | |
| **Name on License:** | | | | |  | | | | | | | | | | | **Expiry Date:** | | | | | | | **/ /** | | |
| **HRWL Class(es):** | | | | |  | | | | | **License Number:** | | | |  | | **Copy Attached:** | | | | | | | **Yes / No** | | |
| 1. **Other Permits Required** (All relevant permits to be provided with this PTW) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hot Work Permit** | | | | | |  | **Confined Space Entry** | | | |  | **Asbestos Removal** | | |  | | **Isolation of Services** | | | | | | |  | |
| 1. **Risk Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | |
| The work to be undertaken, based on supporting documentation provided to the UniSA Contract Supervisor, the potential hazards identified, and controls implemented, the Level of Risk is determined as: *(circle risk level)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Low** | | | | | | | | **Medium** | | | | | **High** | | | | | | | **Extreme** | | | | | |
| Work assessed as **High** or **Extreme** must be reviewed to identify further controls to reduce the risk to an acceptable level. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supporting Risk Assessment provided:** | | | | | | | | | **Yes / No** | | | **Date Contractor Risk Assessment Completed:** | | | | | | | | | | **/ /** | | | |
| 1. **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | |
| I ……………………………………………………. of ……………………………………………………………… declare that I/We  Contractor Name – please print Company Name   * Understand the obligations under the Work Health Safety Act 2012 (SA), Regulations, approved Codes of Practice and Australian Standards that are applicable to the work being undertaken and to the circumstances in which the contract will be affected. * Have completed the required UniSA contractor online induction. * Have received a copy of and will abide by the safety rules as stated in UniSA’s [Contractor Induction Manual](https://i.unisa.edu.au/siteassets/staff/facilities/documents/contractors-and-consultants/working-safely-at-unisa---contractor-induction-manual.pdf). * Have certification and qualifications that are required by legislation. * Will cease working, make safe the workplace, and contact the relevant UniSA Contract Supervisor if I become aware of danger to myself or others during the period of the contract. * Have a current Workers Compensation and Rehabilitation Insurance Policy in place. * Agree to the Contractor WHS requirements in UniSA’s [Contractor Safety Procedure](https://i.unisa.edu.au/siteassets/human-resources/ptc/files/procedures/safety-and-wellbeing/contractor_management.pdf). | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sign:** | |  | | | | | | | | | | | | | | | | **Date:** | | |  | | | | |
| **Section 2: UniSA Contract Supervisor/Manager to complete this section** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Authorisation** (to be authorised by UniSA Contract Supervisor or UniSA Manager/Supervisor Maintenance) | | | | | | | | | | | | | | | | | | | | | | | | |
| The contractor has met the requirements of this permit and has been authorised to access the UniSA work site to provide the services as detailed in the contract. Contractor Site Induction has been arranged before work will commence on the site. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Auth Officer:** | | | |  | | | | | | | **Sign:** | |  | | | | | | **Date:** | | | | **/ /** | |
| **Section 3: Contractor & UniSA Contract Supervisor/Manager to complete this section** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Close Out** | | | | | | | | | | | | | | | | | | | | | | | | |
| Contractor: As the PTW holder, I hereby acknowledge that: | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞏 | The work has been completed, isolations and debris removed (where applicable) and the area is safe for reoccupation. | | | | | | | | | | | | | | | | | | | | | | | |
| 🞏 | All relevant documentation has been provided to the UniSA Contract Supervisor or UniSA Manager/Supervisor Maintenance. | | | | | | | | | | | | | | | | | | | | | | | |
| **PTW Holder:** | | |  | | | | | | | | **Sign:** | |  | | | | | | **Date:** | | | |  | |
| **Time:** | | | |  | |
| UniSA: As the PTW Issuer, I authorise the closure of this PTW and will scan it into the PTW Register in my area: | | | | | | | | | | | | | | | | | | | | | | | | |
| **PTW Issuer:** | | |  | | | | | | | | **Sign:** | |  | | | | | | **Date:** | | | |  | |