Please return this form to Operations Reception Sign-in Counter Attn: Asbestos Coordinator 10/08/2021-Version 2

Asbestos Removal

Permit to Work Form

* Denotes required field to be completed

Flinders University Work Order No.						Permit to Work Issue Number.						
SECTION 1: GENERA	L DE	TAILS										
Business Entity doin	-	e work:										
Location of Work site:												
Work Activity Title:												
SECTION 2: ASBEST	DS M	IATERIAL T	YPE									
Friable Asbestos Material Type		YES	Deta	ail:								
Non-Friable		Fencing		Ceiling tile			Wal	l cladding		Vinyl flo	oor tile-sh	eet
Asbestos Material Type		Eaves		Cement sh	eet 🗌 Blackjack adhesive 🗌 Zelemite/resin					e/resin/m	astic	
Waterial Type		Other	Deta	ail:								
Access		Confined	Space					Roof				
		Laboratory						Switchboard				
			Plant room					Other				
Specific Access detail		I										
Isolation		Electrical						Mechanical/Pl	ant			
								Water/Sewer/		nage		
		Gas						Other				
Specific Isolation		•										
detail	•											
		•										
	050					<u> </u>	CF					
SECTION 3: PERMIT REQUEST (COMPLETED BY WORKER IN CHARGE – WIC)										rkor in		
This acknowledgement signifies a formal request to commence the scope of work as identified in Section 1. As the Worker in Charge (WIC) I hereby certify that:												
Charge (WIC) I nereby certify that: I have undertaken a hazard identification and risk assessment process. Mitigation controls suitable for this work activity										activity		
have been applie												,
□ I have consulted	 I have consulted with my workgroup to ensure that controls are adequate and agreed. 											
I am competent to coordinate this work activity in accordance with the documented controls and performance standards of									andards of			
the Flinders University.												
\square I shall ensure that the persons required to carry out the work are competent and/or licenced and understand the												
-	-				-	-	-	his scope of work	•			
I shall monitor ha	azard	s and contro			ut the v	work a	activi					
*Name:			Signa	ature:				Date:			Time:	
SECTION 4: TO BE C	OMP	LETED BY F	LINDER	S UNIVERS	ITY AL	JTHO	RISA	TION OFFICER E	INGA	GING CO	ONTRACT	OR
This sign off is to signify that the Flinders University PTW Authorisation Officer has,												
Ensued a process of consultation with the above signatory (or delegate) as being the Worker In Charge,												
Viewed documentation pertaining to this scope of work and confirms the information provided is complete in detail												
□ Informed the WIC that the work methods may be monitored against the proposed controls and that work can be ceased immediately on the Authorisation Officers direction.												
This permit to work is valid from Comments:												
			Work area to be set-up as identified in the Asbestos Removal Contro						Control Plan			
Up to and including <u>before permit will be deemed as active.</u>												
*Name:			*Signa	ture:				Date:			Time:	

SECTION 5: WORK PARTY SIGN ON/OFF (Except for those entering a confined space)											
	SIGN ON	SIGN OFF									
Print Name (First and Last)	Date	Time	Signature	Time	Signature						
SECTION 6: PERMIT EXTENSIO	N (Complete	d hy Flinders	University Authorism	tion Person)							
		-	-		ewed and the work is						
This authorisation signifies that the planning component of this scope of work has been reviewed and the work is authorised to continue in accordance with the risk assessment and control form/s. As the ORIGINAL Authorised											
person, I hereby certify that;											
I have reviewed the content of all related documents											
□ I have amended this permit in consultation with the Worker in Charge (WIC).											
Permit Extended: From To: On further extension per											
	this permit										
SECTION 7: PERMIT WITHDRAWAL (Completed by WIC)											
The work activity is complete, all persons are accounted for and the work site has been left in a safe manner. The											
Permit to Work, the risk assessment and control form/s are returned to the Authorising Officer.											
*Name:	*Si	gnature:	D	ate:	Time:						
SECTION 8: PERMIT CLOSED C	UT (Complet	ed by Author	ising Officer)								
I acknowledge the notification	-		-								
and will be prepared for recor	d keeping. Th	is Permit to V	Nork is officially close	d-out (upon m	y signature) at the time						
and date displayed below.											
Name:	Sig	nature:	Da	te:	Time:						
RELATED INFORMATION FR	OM ASREST										
SafeWork SA Notification N											
Company undertaking the li		Ashestos									
Assessment and Air monito	=	//3003003									
Background Monitoring (No	-	nd location)	As determined by the Independent Assessor								
			Minimum University requirement –								
Clearance Monitoring (No. o	of Units and	location)	As determined by the Independent Assessor Minimum University requirement –								
			nam oniversity i	equilement -							
Wasta Disposal location											
Waste Disposal location											
EPA Transport Licence											