**A Service Provider shall not commence any works until they have undertaken the site-specific induction and been authorised by a Mirvac representative to commence.**

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| Workplace: | | | | Location: | | | | | | | |
| Service Provider (SP) company name: | | | |  | | | | | | | |
| Name of (SP) Supervisor/ Manager: | | | |  | | Mobile phone: | | | | | |
| Permit valid from: | |  | | | Permit expires: | | |  | | | |
| SWMS / JSEA ref: | |  | | | | | | | | | |
| Commencement time: | |  | | | Completion time: | | |  | | | |
| Location of works:  (Detail façade area) | |  | | | Emergency contact  (Name & No.) | | |  | | | |
| Description of work: | | | | | | | | | | | |
| Item | Yes - Safe to Start No | Unsafe - Stop Work & Report | | | | | | | | Yes | No | N/A |
| 1. | All operators have had a site induction and for the BMU and hold a relevant Safe Work at Heights qualification as a minimum. | | | | | | | |  |  |  |
| 2. | The supervisor assessed the weather conditions via hand-held anemometer at less than 25 Km/hr. and recorded wind speed and the conditions recorded to Pre – Start meeting.  (BMU must not be used where winds are greater than 25 Km/hr) | | | | | | | |  |  |  |
| 3. | An exclusion zone been set up below working area meeting council regulations (Guidance as prescribed in Council barricade permit) or as a minimum 3 x length of cradle and 3m from façade. | | | | | | | |  |  |  |
| 4. | Helmets, Full body harness & lanyard provided have evidence of an inspection tag or 6 monthly logs of inspection recorded for all fall protection equipment as per AS1891.4. | | | | | | | |  |  |  |
| 5. | Has a Buddy check been completed – ensure Helmets worn, fixing points in good condition and harnesses worn correctly. | | | | | | | |  |  |  |
| 6. | Ensure all loose items within the cradle have been secured via a rated lanyard to a fixed point. These include as examples for window cleaning contractors:   * Mop * Squeegee * Buckets * Extension Poles * 2-way radios / mobile phones   If other tools or equipment is required ensure these are stated within pre-start meeting. | | | | | | | |  |  |  |
| 7. | Ensure within pre-start meeting communications strategy (BMU Phone to check if operational, the use mobile phones or 2-way radios is permitted these must recorded and advised to site management. | | | | | | | |  |  |  |
| 8. | Check emergency stop buttons are functioning and fully operational. | | | | | | | |  |  |  |
| 9. | Visually check cradle and gantry for damage – loose or missing parts (i.e. guide wheels). | | | | | | | |  |  |  |
| 10. | Visually check hoist ropes and terminations to cradle frame and gantry cross beam. | | | | | | | |  |  |  |
| 11. | Visually check gantry power supply cable for damage. | | | | | | | |  |  |  |
| 12. | Check controls buttons functions on cradle for all functions:   * Hoist up –down * Cradle luff out-in * Counterweight luff out –in * Emergency Stop * Check pendant cradle button operations (where required) * Emergency Stop * Forward – reverse * Job slew anti clockwise – clockwise * Cradle cross beam slew - anti clockwise – clockwise | | | | | | | |  |  |  |
| 13. | Check bottom obstruction bar (trip bar) under cradle. | | | | | | | |  |  |  |
| 14. | Check wall restraint assembly (main power supply attachment is tight and tied off correctly, including trailing cables). | | | | | | | |  |  |  |
| 15 | The site supervisor conducted a Pre-Start meeting which reviews the JSEA/SWMS, permits, rescue plan and first aid equipment and communications strategy. | | | | | | | |  |  |  |
| SAFE TO START - CONTRACTOR ACKNOWLEDGMENT  (Safe to Start all procedures and requirements have been completed) | | | | | | | | | | | |
| Name:  (Contractor Supervisor) | | | Signature: | | | | Time: | | | | |
| BUILDING MANAGEMENT USE ONLY – REVIEW  (APPROVAL TO PROCEED) | | | | | | | | | | | |
| Name:  (Building Management only) | | | Signature: | | | | Time: | | | | |

Building Management must check the wind speed and at 2 hourly intervals from the Bureau of Meteorology website [www.bom.gov.au](http://www.bom.gov.au). If the wind speed is over 25 Km/hr. the operators must be contacted to cease work immediately, the BMU must be secured & housed on the roof and all keys returned to Security

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| SECURITY USE ONLY- MONITOR WIND SPEED- WEATHER CONDITIONS | | | | | | |
| Time | | | Bureau Reading | | | |
| Hrs. | | | Km/hr. | | | |
| Hrs. | | | Km/hr. | | | |
| Hrs. | | | Km/hr. | | | |
| Hrs. | | | Km/hr. | | | |
| Hrs. | | | Km/hr. | | | |
| BUILDING MANAGEMENT USE ONLY  COMMENTS & SITE WORKING & BEHAVIOURAL OBSERVATIONS | | | | | | |
| *Comment if works suspended (i.e. winds speeds greater than or conditions such as lightning and rain create safety hazard)* | | | | | | |
| Item | BMU OPERATORS – END OF DAY CHECKLIST  Faults must be recorded and reported to building management | | | | Completed | Comments |
| 16. | Has the BMU been stored and housed correctly | | | |  |  |
| 17. | Has all roof access permits/ keys been returned to security | | | |  |  |
| 18. | At the completion of each work day all loose items shall be secured via tie down or moved to a secure area and not impeding any thoroughfare. | | | |  |  |
| 19. | Remove from site any debris, rubbish or remaining materials. It is the priority to adhere to the House Rules of the site. | | | |  |  |
| 20. | Remove equipment from passageways, and common areas. No equipment / tools or material is to remain on rooftop or fire stairs. | | | |  |  |
| 21. | All equipment & products to be loaded from rooftop on to trolley and returned to vehicle (use manual handling techniques when lifting and loading) | | | |  |  |
| 22. | All daily requirements for site procedures completed | | | |  |  |
| CONTRACTOR ACKNOWLEDGMENT  End of day requirement have been met and the work site is Safe and all faults or safety hazard observations have been reported to Building Management | | | | | | |
| Name:  (Contractor Supervisor) | | Signature: | | Time: | | |
| CONTRACTOR COMMENTS ONLY – (e.g. Faults, hazards, safety observations) | | | | | | |
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| BUILDING MANAGEMENT TO COMPLETE ONLY | | | | | | |
| Name:  (Building Management Only) | | Signature: | | Time: | | |
| BUILDING MANAGEMENT TO COMPLETE ONLY  COMPLETE AS REQUIRED – COMMENTS | | | | | | |
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