This permit must be completed for any work involving cutting, coring or drilling into concrete or masonry surfaces where work is within 3m of a known electrical, gas, water or telecommunications service and where the depth of the penetration is >40 mm or is determined by risk assessment to require one.

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| **Workplace** |
| Permit No |         |
| Start Date: |   | Time: |       | am |[ ]  pm |[ ]  Note: Expires 24 hours after issued unless agreed in writing by Mirvac |
|  |  |  |  |  |  |  |  |  |
| Permit Issuer(Mirvac Representative) |       | Permit Holder(Service Provider) |       |
| Company Name Coordinating Permit  |       | Coring/chasing [ ]  | Drilling [ ]  | Other [ ]  |
| **Description of Work to be Undertaken** |

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| **If the work is in proximity to utility services, describe the precautions that must be in place and the level of proof of identification and mark-up required** *(e.g. Identified with waterproof marker)* |

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| **List the required precautions that must be in place for the work?** | **Yes** | **No** | **N/A** |
| Have flammable liquids, vapours, gases, dusts been removed? |[ ] [ ] [ ]
| Is a fire extinguishers/hose reel located at the work area for any potential source of ignition/sparks? |[ ] [ ] [ ]
| Is the area clean and free of all combustible materials within 4 metres? |[ ] [ ] [ ]
| Is the slurry or other discharge area bunded or nearby drains protected to prevent pollution? |[ ] [ ] [ ]
| Is noise and dust contained? |[ ] [ ] [ ]
| Are semi-enclosed/enclosed areas ventilated to prevent buildup of carbon monoxide or other fumes? (i.e. local exhaust extraction system, e.g. exhaust fans or tubes) |[ ] [ ] [ ]
| Will extracted fumes affect other nearby work areas due to prevailing winds or other?? |[ ] [ ]   [ ]  |
| Is the drilling or cutting/coring machine serviced and maintained? |[ ] [ ] [ ]
| Are core holes, chases & cutting lines clearly marked outlining location, position & depth? |[ ] [ ] [ ]
| Has location below core hole been clearly identified? |[ ] [ ] [ ]
| Is a pilot hole required to identify this location? |[ ] [ ] [ ]
| Are warning notices, shields and barricades in place? |[ ] [ ] [ ]
| Is the core hole or chase through a structural member, e.g. pre-stressed beam/slab? |[ ] [ ] [ ]
| If Yes - Engineering certification is to be attached to this permit. |[ ] [ ] [ ]
| Have all structural components (e.g. stands) been identified and marked up? |[ ] [ ] [ ]
| Does the area require scanning using electronic detection methods (ground penetrating radar) prior to the works starting? |[ ] [ ] [ ]
| **Permit Holder (Service Provider) Confirmation that controls will be put in place** |  |  |  |
| Does the Service Provider agree with the precautions required above? | [ ]  | [ ]  | [ ]  |
| Are there any additional precautions that should be in place for the works to proceed safely? | [ ]  | [ ]  | [ ]  |
| Is there an approved SWMS/JSEA in place?  | [ ]  | [ ]  | [ ]  |
| Have asset owners been advised of the work and as-built drawings attached? | [ ]  | [ ]  | [ ]  |
| Has DBYD information been obtained and reviewed?  | [ ]  | [ ]  | [ ]  |
| If required, has Ground Penetrating Radar been used to scan the area for services? | [ ]  | [ ]  | [ ]  |
| Have services been visually identified and marked up using waterproof marker? | [ ]  | [ ]  | [ ]  |
| Have exposed services been adequately protected (e.g. Mechanical cover in place)? | [ ]  | [ ]  | [ ]  |
| Have precautions been made for an adequate exclusion zone with signage & barriers and spotter to prevent unauthorised entry? | [ ]  | [ ]  | [ ]  |

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| **Isolation of the Work Area - In Slab, In Wall****The items nominated below have been isolated and made safe** | **Yes** | **No** | **N/A** |

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| Pipelines (water, steam, gas, fuel, or other) | [ ]  | [ ]  | [ ]  |
| Mechanical plant or equipment | [ ]  | [ ]  | [ ]  |
| Cable telephone/communications | [ ]  | [ ]  | [ ]  |
| Electrical Services | [ ]  | [ ]  | [ ]  |
| Isolation/danger/lock-out tags in place | [ ]  | [ ]  | [ ]  |
| Service trades below have cleared the work area for work to commence | [ ]  | [ ]  | [ ]  |

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| --- | --- | --- | --- | --- | --- |
| Name: |       | Signature: |       | Date: |   |
| Name: |       | Signature: |       | Date: |   |
| Name: |       | Signature: |       | Date: |   |
| Name: |       | Signature: |       | Date: |   |
| **Service Provider Confirmation** | **Name:**       | **Signature:**      | **Date:**  |

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| **Permit Issuer (Mirvac Rep) Confirmation that Controls are in Place and Authorisation for Works to Proceed** | **Yes** | **No** | **N/A** |
| All controls required by this permit are in place? | [ ]  | [ ]  | [ ]  |
| Do you confirm you have inspected the site of the work and conducted a second check to ensure adequate exclusion zone and no other controls are required? | [ ]  | [ ]  | [ ]  |
| A plan / drawing is marked up with the location of core holes, cutting lines &services (type & location) identified on the plan/drawings; required photos attached. | [ ]  | [ ]  | [ ]  |

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| **Mirvac Rep Confirmation (Permit Issuer)** | **Name:**       | **Signature:**      | **Date:**  |
| **Workplace Manager Confirmation** | **Name:**       | **Signature:**      | **Date:**  |

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