

Permit to Work – Drill, Cut, Core, Chase

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------|--|
| Centre | | | |
| Contractor Company | | | |
| Contact Name | | Contact Number | |
| Location of Work | | | |
| | Permit Valid from | Permit Valid to (maximum 7 day period) | |
| Date & Time | | Date & Time | |
| Description of Works | | | |
| <p>Structural scans are required prior to any drilling, cutting, coring or chasing of any concrete walls, columns or slab including the chasing of walls and slabs for conduits/pipework etc. The contractor performing the works must engage a consultant to perform a scan/x-ray of the structure to ensure the integrity is not compromised.</p> <p>Scan results must be attached to this permit and sent to Centre Management for approval.</p> | | | |

| Step 1 - Contractor to Complete | | | | | |
|-------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| Number and Size of Penetrations | | | | | |
| What Services or Structural Items are within the vicinity of the works? | | | | | |
| | Yes | N/A | | Yes | N/A |
| Water | <input type="checkbox"/> | <input type="checkbox"/> | Telecommunications | <input type="checkbox"/> | <input type="checkbox"/> |
| Stormwater | <input type="checkbox"/> | <input type="checkbox"/> | Live/unknown electrical | <input type="checkbox"/> | <input type="checkbox"/> |
| Sewerage pipeline or services | <input type="checkbox"/> | <input type="checkbox"/> | Non-live electrical | <input type="checkbox"/> | <input type="checkbox"/> |
| Irrigation lines | <input type="checkbox"/> | <input type="checkbox"/> | Post tension cables | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas or fuel tank/pipeline | <input type="checkbox"/> | <input type="checkbox"/> | Reinforcing Steel | <input type="checkbox"/> | <input type="checkbox"/> |
| Scan Identification Completed by: | | | | Date: | |

| Provide Details of Service Proximity to Works |
|------------------------------------------------------------------------------------|
| |
| Provide Details of Restrictions (including from service owner) to Ensure Safe Work |
| |

| Engineer Review | | | |
|------------------------------------------|--------------------------|--------------------------|------------------------|
| Step 2 - AMPC Representative to Complete | Yes | N/A | Comments (for all N/A) |
| Has the Engineer approved the works? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Company Name: | | | Contact Name: |

| Step 3 - Contractor to Complete | Yes | N/A | Comments (for all N/A) |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------|
| Has the SWMS been reviewed and accepted by Centre Management? | <input type="checkbox"/> | | |
| Have all services in the near vicinity been positively located, marked and isolated? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have tools and equipment been maintained and checked prior to use? | <input type="checkbox"/> | | |
| Have controls been put in place to stop materials falling? <i>Detail controls in comments.</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the area including below been excluded e.g. barriers and signage? | <input type="checkbox"/> | <input type="checkbox"/> | |
| All penetrations must be rectified post works in relation to fire protection e.g. fire rated stops, collars, boards. | <input type="checkbox"/> | <input type="checkbox"/> | |
| All new services must be marked/identified &/or service plans update. | <input type="checkbox"/> | <input type="checkbox"/> | |

| Permit Review Check | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Step 4 - AMPC Representative to Complete | Yes | N/A |
| All workers have completed the AMPC online and site specific induction? | <input type="checkbox"/> | |
| Have all workers reviewed and signed onto the SWMS? | <input type="checkbox"/> | |
| Is the area likely to contain contaminated soil / old process materials / chemicals? <i>If "Yes", an evaluation and risk assessment of the soil must be undertaken.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

| Agreement | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|
| Step 5 - Compliance Agreement by Contractor Conducting the Work: | | | |
| Name of Contractor Representative | | | |
| Signed | | Date | |
| Step 6 - Permission to Commence Work - Sign off by AMPC Representative | | | |
| <i>Note - this sign off confirms that Centre Management has received the completed Drill, Cut, Core, Chase Permit. It does not imply that the AMPC Representative is a "competent person" regarding the work, only that drilling, cut, coring, chasing safety measures have been appropriately assessed by the Contractor before commencement.</i> | | | |
| AMPC Representative | | | |
| Signed | | Date | |