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|  | <p>Safety & Environment Management System</p> <p>PORT WORKS APPLICATION RAIL</p> | <p>23-25 Kunara Crescent, P.O. Box 292 Portland, Victoria 3305 Australia Phone: (03) 5525 2450 Fax: (03) 5521 7488 Email: permits@portofportland.com.au</p> |
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THIS IS AN APPLICATION TO OBTAIN PERMISSION FROM THE PORT OF PORTLAND TO CONDUCT WORKS AND DOES NOT REMOVE THE REQUIREMENT TO COMPLETE OWN SAFE SYSTEMS OF WORK, INCLUDING OTHER PERMITS WHERE REQUIRED.

Approval must be obtained for all works within the Rail Corridor. Applications must be applied for during business hours. **This application must be lodged a minimum of 24 hours prior to commencement of works.**

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| Company Name | |
| Nominated Responsible Person | |
| Contact number | |
| Number of People in work crew | |

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| Location of Works | |
| Description of Works | |

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| Requirements | Prior to commencing the nominated responsible person is to contact the Port of Portland Maintenance Superintendent to ensure no train movements are taking place and that adequate protection is in place. | |
| | The company must provide the Port of Portland Maintenance Superintendent with a documented safe system of work, prior to the application being granted. | |
| | The company must have a Safety Management System that includes the following for rail workers engaged to perform works, Health and Safety Management program, Drug and Alcohol management program, Fatigue risk management program, and records of competence. | |
| Safe System of Work | Is a safe system of work in place (i.e. JSEA, Risk Assessment etc)? | Yes <input type="checkbox"/> No <input type="checkbox"/> → JSEA to be completed |
| | Has a scope of work been provided? | Yes <input type="checkbox"/> No <input type="checkbox"/> → Scope to be attached |
| Controls | Company is qualified and competent to carry out the works? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | Company employees are trained and competent to carry out the works? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | Are all other relevant permits in place? (Hot work, Working at heights, Excavation etc) | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | Have relevant services been isolated? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | Has a pre-task hazard assessment been completed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | Has the POPL issuing officer confirmed that the track is free from train movements? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | Are adequate controls in place to protect rail workers from train operations? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | Other: | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

THIS APPLICATION IS ISSUED SUBJECT TO THE FOLLOWING CONDITIONS

- Applications are issued on the day of work activities and are valid for the duration of the task.
- The Application shall be in the possession before work is commenced and must be retained in their possession throughout the works and be produced on demand to any authorised Officer of the Port of Portland.
- A valid Application covers only the work stated thereon and a further Application must be obtained before any additional work is commenced.
- Ensure all incidents are reported to the POPL Issuing officer within 1 hour of occurrence.

ACKNOWLEDGEMENT

I acknowledge that it is my responsibility to ensure that all persons engaged in this work, whether employed directly or on sub contract are suitably qualified and execute their duties in a safe manner in accordance with the requirements of this application.

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| Required From | DATE: ____/____/____ | TIME: _____ | 24 Hr clock |
| Required to | DATE: ____/____/____ | TIME: _____ | 24 Hr clock |
| Name | | | |
| Signature | | Contact number | |
| POPL Issuing Officer | | Contact number | |
| Signature | | Date of Issue | |

This application must be completed and signed prior to any work activities and retained until the completion of the works.

SITE EMERGENCY PHONE NUMBER: 5525 0900