

**PORT WORKS APPLICATION
 ABRASIVE BLASTING**

THIS IS AN APPLICATION TO OBTAIN PERMISSION FROM THE PORT OF PORTLAND TO CONDUCT WORKS AND DOES NOT REMOVE THE REQUIREMENT FOR PORT USERS TO COMPLETE THEIR OWN SAFE SYSTEMS OF WORK, INCLUDING PERMITS WHERE REQUIRED.

Abrasive blasting is work on infrastructure, plant or equipment that involves using a stream of abrasive material, propelled at high speed by compressed air, water, steam, centrifugal wheels or paddles against a surface, to clean, abrade, etch or otherwise change the original appearance or condition of the surface.

Company / Vessel Name	
Name of Operator(s)	
Nominated Responsible Person	
Emergency contact number	
Location of Works	
Description of Works	

Precautions	Blasting creates high noise exposures, dust and flying objects.
Safe System of Work	Is a safe system of work in place (i.e. Permits, JSEA, Risk Assessment etc)? Yes <input type="checkbox"/> No <input type="checkbox"/> → to be completed
	Traffic Management Plan Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Controls	Has the area been cordoned off and signage placed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Has the area been checked for potential ignition sources? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are items classed as dangerous goods stored securely and correctly? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Grit pot and associated pressure equipment been regularly serviced and inspected? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Is fire extinguishing equipment on hand in case of emergency? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Is a working dead-mans switch fitted to the blasting line? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are the persons carrying out the work competent to do so? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Have possible overspray areas been protected / masked? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are controls in place to ensure no release to the environment? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are the weather conditions suitable for this work to be completed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Is there adequate ventilation available? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Is the correct personal protective equipment (PPE) being used? (i.e. hearing protection, hood and/or respirator, coveralls, gloves, goggles, leggings) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Have port users which may be affected been notified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Barricades / fencing in place Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Safety signs Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the area been restricted to essential personnel Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Isolation of services (electrical, mechanical) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

THIS APPLICATION IS GRANTED 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 of the operator before work is commenced and must be retained in their possession throughout the operation 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.
- For work aboard ships this Application is issued subject to current / state regulations.

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.

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

SITE EMERGENCY PHONE NUMBER: 5525 2450