



**PORT WORKS APPLICATION
FUMIGATION**

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.

Any fumigation of a log, livestock or grain vessel, including in-transit fumigation of cargo. This application must be lodged a minimum of 2 working days prior to commencement of the fumigation work.

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

Location of Works	
Description of Works	
Type of fumigant used	Methyl Bromide <input type="checkbox"/> Phosphine <input type="checkbox"/>

Precautions	Fumigation must be conducted strictly in accordance with the contactor Fumigation Procedures, relevant legislation and fumigation licence and Application conditions.	
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
	Traffic Management Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> → Plan to be developed
Controls	Are the persons carrying out the work licensed to do so?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Has the berth area adjacent to the vessel been cordoned off and signage placed (20 meters from vessel)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Is access to the berth area and vessel restricted to essential personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Notification to the Port of Portland?	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"/>
	Has a watchman been arranged to restrict entry to and from gangway?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are the weather conditions suitable for fumigation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are material Safety Data Sheets (SDS) available?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Correct personal protective equipment used? (i.e. coveralls, gloves, goggles, respirator)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Has signage been placed at the front gate?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Has signage been placed over the sea side of the vessel?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Are controls in place to ensure no uncontrolled release to the environment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Gas detection monitoring in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
DAFF gas detection monitoring in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
DAFF inspection?	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 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 Application must be completed and signed prior to any work activities and retained until the completion of the works.

SITE EMERGENCY PHONE NUMBER: 5525 2450