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| Workers engaged in the removal of grid mesh, flooring or guardrails must **NEVER** leave the area of work unattended until the opening is made safe, except where the removal of guardrails are required for flood preparation and mitigation work. Modification must not be undertaken to grid mesh, flooring or guardrails unless assessed and approved by a suitably qualified engineer. |
| **Section 1 - Details of work (permit recipient to complete)** |
| Site name |  | Work Order # |  |
| Location on site |  |
| Details of work to be undertaken |  |
| Start date |  | Planned finish date |  |
| **Section 2 - Grid mesh, flooring and guardrail removal checklist (permit recipient to complete)** | **Yes** | **N/A** |
| Alternate entry and exit points identified and signed. | **[ ]**  | **[ ]**  |
| Edge protection has been installed to manage the risk of falling. | **[ ]**  | **[ ]**  |
| Immediate area affected by the work has been barricaded and signs installed. | **[ ]**  | **[ ]**  |
| Task specific SWMS has been completed | **[ ]**  |
| Additional instructions/information: |
|  |
| **Section 3 – Verification of risk controls (Permit Recipient to complete)** |
| I confirm that actions and risk controls required in Section 2 have been implemented for the work to be undertaken as described in Section 1. |
| Date |  | Time |  |
| Permit recipient |  | Position |  |
| **Section 4 – HOLD POINT** |
| ***Removal of grid mesh, flooring, handrail and/or guardrail cannot proceed until the Line Leader (or delegate) has been consulted to confirm the task does not create a fall risk to workers or the public*** |
| Date |  | Time |  |
| *Name of Seqwater Work Coordinator (or delegate) consulted* |  | Position |  |
| **Comments:** |

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| **Section 5 - Post work inspection (permit recipient to complete)** |
| **Grid Mesh** (section 6 must be completed where NO is selected for any of the below) |
| Load bars of grid mesh panels or flooring are oriented 90 degrees to their supports. | **Y** **[ ]  N [ ]**  | Edge protection to remain until rectified |
| Panels are free from excessive corrosion, undamaged from impact and not deformed. | **Y** **[ ]  N [ ]**  |
| Panels are restrained from moving laterally off their supports by either:1. Fixings (studs, bolts, clips) must be appropriately placed (a fixing within 200mm of each corner, and generally spaced not further than 600mm apart)
2. Welds – a minimum of four welds per panel for to the supports for grid mesh, or welds to the supports every 4th strand for expanded metal mesh
3. Fixed lateral restraint such as a wall, concrete recess or adjacent welded panel.
 | **Y** **[ ]  N [ ]**  |
| Panels sit flat on their supports with at least the following minimum bearing (overlap) on those supports:* 25mm for mesh panels up to 40mm thick
* 40mm for mesh panels 45mm to 65mm thick
* 30mm for raised expanded mesh
* 40mm for FRP grid mesh load bars.
 | **Y** **[ ]  N [ ]**  |
| Where clips are used they are tight and secured at 90 degrees to the supports. | **Y** **[ ]  N [ ]**  |
| Panels do not rely on fixings to support vertical loads. | **Y** **[ ]  N [ ]**  |
| Gaps between panels no greater than the width of the grid mesh holes. | **Y** **[ ]  N [ ]**  | Edge protection not required to remain. |
| The top of the panels are flush with adjacent panels – no trip hazards. | **Y** **[ ]  N [ ]**  |
| If grid mesh panels or flooring have been cut around pipes, tanks, conduits, etc. there are:* no sharp edges
* banding bars of 5mm thick welded to the cut ends
* no gaps greater than 40mm between the panel and the pipe, conduit, etc.
 | **Y** **[ ]  N [ ]**  |
| Guardrail secured to the structure | **Y** **[ ]  N [ ]**  | Edge protection to remain until rectified |
| Guardrail is vertical | **Y** **[ ]  N [ ]**  |
| **Section 6 – Rectification work** (must be completed where NO is selected in section 5) |
| Defects identified (must be reported appropriately) |
| **Section 7 - Permit closure (Permit Recipient to complete)** |
| I have completed the post work inspection in accordance with Section 4 of this permit and confirm that the work area is safe and all defects identified and reported then raised for rectification |
| Date |  | Time |  |
| Permit Recipient |  | Signature |  |