|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1 – Details of work (Permit Recipient to complete)** | | | | | | |
| Site name |  | | | Work Order # | |  |
| Location on site |  | | | | | |
| Details of penetration work to be undertaken |  | | | | | |
| Date |  | Start time | AM / PM | | Finish time | AM / PM |
| This permit is required to be completed for all penetrations into surfaces, walls, floors or structures;   * where services could exist; or * that may impact on structural integrity, including penetrations into walls, ceilings and floors that: * are deeper than 50mm and greater than 50mm diameter , or * penetrates all the way through materials in walls, ceilings and floors. | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 2 – Penetration checklist (Permit Recipient to complete)** | | | **Yes** | **N/A** |
| Have all potential or known sources of energy been positively identified?  Site plans reviewed Non-destructive methods Other: | | |  |  |
| Have all services with the potential to be impacted by the penetration been positively isolated, and appropriately marked? | | |  |  |
| Has the area affected by the penetration work (including any fall zones beneath floors etc.) been barricaded and sign posted? | | |  |  |
| If coring/cutting deeper than 50mm and greater than 50mm diameter in a reinforced concrete wall, ceiling or floor, astructural assessment is required**.** | | |  |  |
| Engineer name: | Signature: |  |  |  |
| Any reinforcements in the vicinity of the penetration have been positively located. | | |  |  |
| A check has been conducted for hazardous materials including buried contaminants (e.g.. asbestos, silica, lead paint, etc.) to avoid disturbance | | |  |  |
| Waste material generated by the penetration will be controlled appropriately. e.g. Waste tracking certificate | | |  |  |
| Additional risk controls, instructions or 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 FOR PENETRATION** | | | |
| ***Penetration cannot proceed until the Seqwater Work Coordinator*** *(or delegate)* ***has been consulted to confirm applicable service location requirements and isolations have been satisfied.*** | | | |
| Date |  | Time |  |
| Name of Seqwater Work Coordinator (or delegate) consulted |  | Position |  |
| **Comments:** | | | |
|  | | | |
| **Section 5 – Completion of work (Permit Recipient to complete)** | | | |
| I confirm that the work detailed in this permit has been completed in accordance with the requirements of this permit and that all waste, plant, tools and equipment have been removed from the work area and that the work area has been left in a safe condition | | | |
| Date |  | Time |  |
| Permit Recipient name |  | Signature |  |