What's Good Look Like

The WPCG are looking for some consistency when it comes to the way a Work Permit is written, because what makes a good permit will lead to this consistency. Its not about all permits being the same, its about all permits meeting the same objective "Painting a picture of your expectations from start to finish, that a third party should be able to understand." You will have your own language and preferred words, however in the end the Work Permits are all doing the same thing.

As a PO it is up to you what goes in your permit, however, the WPCG do have a standard for what they expect. If your Work Permit does not meet the standard there is potential you leave yourselves exposed if there is an incident, remember you are the one authorising the work and the work permit and compliance with it remain your responsibility for the duration of the work. If something goes wrong you want the Work Permit to work for you and not against you.

The Purpose of a Work Authorisation System is to:

- Identify the scope of a specific task and where the work will be conducted.
- Identify hazards and controls.
- Identify the personnel who have specific responsibility.
- Identify the personnel performing the work.
- · Assign responsibility for various tasks.
- Identify potential issues with other work activities being conducted at the same time.
- Identify energy isolations/ lockout/tag outs.
- Identify emergency arrangements

The Work Permit Set

- Provides you with a structure to work through
- Paints a picture from start to finish, that a third party should be able to understand
- Specifically describes to the Permit Receiver and others your expectations
- · Stands on its own with minimal reliance on you or other documents
- Provides a script/methodology for you to follow with the receiver when issuing the Work Permit
- Documents the discussion (if its discussed and not documented, consider it not discussed)

WORK PERMIT

Work Place
WPCG
Clearance Group

Permit no. SC0136 182021-1 1 of 4



The original of this permit must be available at the work site with all applicable certificates, risk assessments, drawings and any other associated documents cross referenced on this form.

This permit alone does not authorise hot work, confined space entry, ground disturbance or working at heights and must be accompanied by certificates for each of these high-risk activities included in the work scope.

Permit valid f	rom Sho	ould be app	ropriate	to the task	Permit valid t	0		
Date 21/07	//2021	Time	08:00		Date 23/0	7/2021	Time	16:00
WORK L	OCATI	ON						
Oil Company	Ampol					Site ID r	eference	22723
Site address	Ampol N	licholls 111 Cur	ran Drive	Nicholls				
Work area				dentify work area				
				arm south side				
quipment to l	oe worked o	on/equipment or v	vessel ID	Water pump in	side LPG UG	ST		
		ESPONSE						
n an emerge					mergency phor	ne number/ra	dio chann	iel:
Stop all w	ork/				000 (112 from	mobile)		
2 Make site	safe if saf	e to do so			mergency stop			
		afe to do so			Console / Sho LPG fill point			pay window / n equipment)
	e operatio			\rac{1}{1}	Emergency asser	mbly area loc	ated at	
	-				McDonalds si	gn on O'Ha	nlon Pla	ice
Proceed	o tne asse	mbly area and	wait for in	structions)		
PERMIT	ACTIV	ITY						
Description of work	What - Re How- According air Repair air Take phot	ess LPG turret turre	place Water et from forec	Wit is being done. Pump in LPG Turre court using harness a using battery rattle g	and lifeline	ed hand tools		
Tools and equipment	Describ	es all tools a	ıllowed u	nder the perm	it			
	Harness	and life line / n	on powere	ed hand tools / E	Battery Camera	/ Battery ra	ttle gun	
permitted	1							
				cociated with	41	ea and ac	tivity)	
permitted) S (iden	tify those ha	zards as	Socialed Willi	tne work ar	Ga and ac		
HAZARI	 	tify those ha	zards as	Electrical		ological	V	Noise
HAZARI Thermal		·			Bio			Asbestos
HAZARI Thermal Gravity	V V V V V V V V V V	Pressure	V	Electrical	Bio Ra	ological		
HAZARI Thermal Gravity Human Factors		Pressure Mechanical Body Mechanic Identify the THERMAL: GRAVITY: E	cs V specific h. Ignition soc	Electrical Chemical Environmental azards for each	Razard group for rattle gun (included) Open turret /	ological diation earby Work or example ude equipme	ent or produced turret	Asbestos Confined Space ocess ignition sou
permitted	Pecify)	Pressure Mechanical Body Mechanic Identify the THERMAL: GRAVITY: ECHEMICAL:	cs V specific h. Ignition soc	Electrical Chemical Environmental azards for each urces - Camera are in the work area areas -Turret,	Razard group for rattle gun (included) Open turret /	ological diation earby Work or example ude equipme	ent or produced turret	Asbestos Confined Space ocess ignition sou



WORK CONT	ROLS						
Certificates/safety plans required?	Hot Work Certificate	V	Ground Disturbance (Certificate		ospheric Testing onitoring Form	V
	Confined Space Entry Certific	cate 🔽	Working at Heights Co	ertificate		ifting Certificate	V
A ta	ask risk assessment (SWMS, JSA	etc) is requ	ired for all permits.				
JSA/SWMS ref no. S\	WMS 029						
Isolation Plan ref no.	SC0003 210510-2		Asbestos Remova Plan ref no.	al Control	Not applicab	ole	
Other Safety Plan ref no	Traffic management p	an	Radiation Safety	Plan ref no.	Not applicab	ole	
Are work area No controls needed?	Barricading/demarcation	I VVa	rning signs 🔽 🛚 Lig	ghting 🔲	Separation distances	Spill Kits	
Additional equipme	ent/job site/PPE controls						
requirements. Do - Work area barrica - Warning signage - Locate all equipm - Work to stop dur - Cut resistant glov - Safety glasses to - Consult and coolother Remove isolation AUTHORISA This permit is authorised to safely undertake the a work may only proceed endorsement of this permited work social to the permitted work social to controls change or the Amendments to this permits must be endored.	ves to be worn to protect and be worn when removing redinate with other contract has at completion of work, completion of work, completion of work, completion of work work may be undertaken we ctivity within the nominated work word word daily confirmation that the mit. A new permit will be issued in the or work conditions change, or	controls work vehi orised pe d stored gainst any air hoses ors if they onfirm eq OFFIC ithin the da k area will b controls are f:	s for any associated cle to protect worker ersonnel only" on app to ensure work area as sharp edge and pir arrive on site to ensuipment is working of the range stated, on the base established and remain in established and remain in established and remain in the state of the range stated.	d certificates and prevention of the correctly and assist hat the replace which in place which	vent entry by voles of work are estructions processes wor and update isological enecessary controls defined within this the will be confirmed.	ehicles or publica. In impact each ation Plan Is as stated to work permit.	C
WPCG ID no. Name			Signature			Date	
M CG ID No. Name			Signature				
Company	Phone/Radi	n Channel				Times	
Company	Thorie/Radi	Chamilei	\neg \Box			Time	
Details of Permit Pre (if different to Permit C		me					
	Company		Phone		_		
AUTHORISAT	TION—SITE REP	RESE	NTATIVE OR I	DELEG	ΔTF		
I am aware that this work	is planned and support its need pport the permitted works are ur	and the perr	mit requirements. I will en	nsure that any	conditions or res		
Name	Sign				Date	Time	
Full name of si		ituie			Date		



ACCEPTANCE—PERMIT RECEIVER

By signing this work permit:

- I confirm that I understand and accept conditions and controls stipulated in the work permit and all other documents referenced within this work permit, to ensure the activity can be executed safely.
- I will confirm that work will comply with local work health and safety regulations
- I will conduct and document a daily pre-start tool box talk with all workers and sub contractors to ensure that all personnel performing this activity understand the content of this permit including the hazards, associated controls, the limits of the work permitted and their responsibilities.
- I will ensure the works being undertaken are stopped if:
 - new hazards arise or site or work conditions change, or
 - the permitted work scope changes, or
 - controls change or their effectiveness is not adequate.
- I will ensure all plant & equipment is maintained, certified safe for use and used as per manufacturer's specifications and relevant Legislation, Regulations, Codes of Practice or Standards.

WPCG ID no. Name Name	of receiver	Signature	Date
Company	Phone/Radio Channel		Time
ALL PERSONN	IEL PERFORMING THI	ACTIVITIES COV	ERED BY THIS E
	rmit Officer has instructed me on the safe	11, 3	site, the work area and the ac
	ad this parmit and associated cortificator	and attachments.	
	od this permit and associated certificates		
agree to abide by the red	•		
agree to abide by the reconfirm that I am trained	quired conditions.		Date
agree to abide by the red confirm that I am trained	quired conditions. I and competent to perform the tasks tha	t I will be performing.	Date
agree to abide by the reconfirm that I am trained Print name	quired conditions. I and competent to perform the tasks tha	t I will be performing.	Date
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DAILY CLOSE OUT AND ENDORSEMENT OF PERMIT

The maximum period of validity for all permits is 7 days. Permit endorsement is permitted each shift following verification by the Permit Endorser that the permitted work scope, conditions, requirements and controls have not changed. The Permit Endorser confirms, by signing here that:

- 🚺 The precautions required to work safely have been complied with prior to starting work each day or work period
- 2 The scope of the permitted activity has not changed
- 3 No new hazards have been identified
- 4 All stated controls remain adequate

Contact Details of Endorser

5 The requirements of the permit have been communicated to all workers

A Work Clearance is required prior to work starting each day. At the completion of work each day the Permit Receiver sign to confirm that the area has been left in a safe condition (although it may remain a non-operational area, i.e. it has not been handed back) and that all staff have left the site.

WPCG ID no.	Name		Company	Phone	
Shou	d be an end	orser if you are lea	ving site or the jo	b longer than 1 day	′
Date Ti	WCF issued me Yes/No	Permit End Name	orser Signature	Daily close out (signature of Permit Receiver)	Time of close out
Requirec	d each day	Not Require	d on issue	Required each day	
		Required each aft	er initial issue or	work will contin	ue
		a change			
			·		
			\		
WORK PE	RMIT COME	PLETION AND CLO	OSE OUT		
Permit Receiver	: The activity is comp	olete. This permit is no longer	necessary.		
Permit scope con	npleted	No Yes	Name		
Work team lock-o	outs removed	No Yes N		s the permit, no mor an be performed und	
Site cleaned up a	nd made safe	No Yes N	'A Signature Co	this permit	Jei
Work in confined completed and a	space has been Il persons accounted	l for No No Yes N	′A 🗆		
Remaining hazar where applicable	ds communicated,	No Yes N/	Date	Time	
Comments					
Site Representa	tive: The activity is c				
Name		Signature	Date	Time	
Full name	ot site rep				

Corresponding permit no.



1 of 1

This certificate must be prepared by the same person who has prepared the WPCG Work Permit.

This certificate does not authorise any confined space entry, ground disturbance or heights work.

This certificate must be issued in conjunction with a WPCG Work Permit.

The validity period and auth	orisation of this certificate is aligned with the WPCG Work Permit.
Hot Work location:	Where on the site Forecourt - Tank Farm LPG UGST turret area
HOT WORK DETAIL	.S
Specific hot work activities	What will create the ignition source, the equimpment you are useing, the task you are doing or other ignition sources Use of camera, use of rattle gun, transferring product
Tools and equipment permitted	What tools and equipment that may create an ignition source are permitted specific to this certificate Battery rattle gun and camera
IAD CITE CANDITI	

JOB SITE CONDITION

Describe the conditions which may generate hazardous or explosive vapours.

Where/How are the vapours likely to come from. What areas do you need to gas test

Hazardous areas: LPG turret, fill point, pumps 1 & 2

Site operations: customer refueling, customer spill, tanker delivery

Task activities: eg breaking containment, transferring of fuel, venting/purging

All hazardous areas potentially imp Product movement stopped within distance 4	—— ·	y the work have been gas tested and w n of work area Remove or r		following controls in place: mbustibles within the work area	V
Atmospheric testing and monitoring form completed	V	Continuous gas monitoring during work	V	Spark containment	
Cease work during fuel delivery.	V	Continuous monitoring during fuel delivery. Cease work if LEL ≥ 5%		Leaks controlled	
Ventilate work area naturally	V	Ventilate work area mechanically		Wind direction considered	v
Keep work wet		Screening required		Earthing/Bonding for Static	
Area around hot work barricaded	V	Dispensers/pumps de-energised at switchboard	<u> </u>	Dispensers/pumps marked "Out of Service"	V
Venting/bleeding/sampling restricted		Heat sensitive items protected		RCD used for all portable 240V equipment	
Fill and dip point seals inspected, points capped and locked	<u> </u>	Separator, sewers, drains checked for leaks and covered	V	Check pump sumps/ Spill box/ tank turrets for free product	V
Equipment being worked on is to be:	Cleaned	Flushed Vented	Purged	(with)	
Firewatch (name) Name if you	ı are nor	ninating one			
Fire Protection (state what/where)	2 x 9K	G Dry Chemical extinguishers to	o be in sa	afe reach of work area	
Describe any additional precautions,	PPE and	controls to be implemented:			
Use this section for additional controls s	pecific to	the certificate and to expand on the controls	s you have s	elected above.	
Use of camera to be upwind of turret and Pumps 1 & 2 to be de-energised (Disper					
		fore any hot work (ventilate work area natu lence after delivery has finished and all gas		nave 0% l Fl	
Cease work in the event of product spill		is the delivery had inheriod and all gas	1301 01003 1		



ATMOSPHERIC TESTING Corresponding permit no. & MONITORING



1 of 2

LOCATION

Describe, draw or list atmospheric testing locations associated with activity

LOCATIONS / FREQUENCY:

- LPG turret, fill point, pumps 1 & 2 Test prior to work commencing. after breaks in work, after tanker delivery or after customer spill
- 2. Inside turret Test after opening turret and prior to each entry
- 3. Breathing zone of entrant Continuously monitor during entry

ACCEPTABLE LEVELS:

- Oxygen 20.8 20.9 % / LEL o %
- 2. Oxygen 20.8 20.9 % / LEL o % / H2S o ppm / CO o ppm
- 3. Oxygen 20.8 20.9 % / LEL o % / H2S o ppm / CO o ppm

This should be specific. What points do you want tested and when, where do you want gas tester placed for continuous monitoring. Use words and or drawings to make it specific and self explanatory to a third party

CEASE WORK IMMEDIATELY IF GAS DETECTOR ALARMS. Recommence when atmospheric conditions return to acceptable levels

Pumps 1 & 2	Drain
	Х
LPG turret	
X	Fill Poin
Work Area	X

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The equipment to be used must be calibrated as per the manufacturers requirements, and bump tested at least daily before work commences. The worksite and surrounding areas noted above are to be tested at the following frequency.

Frequency (tick as applicable)	Once before the vistart of work	Continuo during w	ous monitoring v ork	After Fuel	Delivery 🔽	At a specified frequency	See above
Acceptable levels of Gas/Vapour/ Asphyxiant: What do you ex Name/s of Author	% Vo Max 20.9 Mir	20.8	Flammables % of the LEL 0 u say 19.5 & 21.5	H2S ppm 0 for O2 you	ppm 0 are allowing	Other (Specify) someone in that space	ce at that range
Bob tester							

EOUIPMENT VALIDATION

Date	Make/Model	Gas Test Unit No.	Calibration Date	Bump Test Time	AGT signature
09-07-2021	Honeywell / Impact pro	1467890	02 May 2021	12:30	\propto 0
Must be	completed each day and fo	r each gas tester			



Date	Time	Gas Test Area	Oxygen	LEL	H2S	СО	Other	AGT signature
Juic		Add bump test results	Oxygen					701 Signature
		<u>'</u>						
ÇI	ould m	atch up with your frequenc	ies and	controle				
ان	louid III	aton up with your frequence	ies anu	CONTIONS				
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