

# Demolition Work Plan

BATHLA

136-148 Donnison Street, Gosford NSW 2250

**MOITS**  
ABN: 76 074 571 510

**Address:** 142 Wicks Road Macquarie Park NSW 2113  
**Correspondence:** PO Box 4037, Macquarie Centre, North Ryde NSW 2113

## Table of Contents

|     |                                                      |    |
|-----|------------------------------------------------------|----|
| 1.  | Introduction .....                                   | 3  |
| 2.  | Document Control .....                               | 3  |
| 3.  | Management Commitment and Approval .....             | 3  |
| 4.  | References .....                                     | 3  |
| 5.  | Definitions .....                                    | 4  |
| 6.  | Site Location .....                                  | 5  |
| 7.  | Site Organisation.....                               | 5  |
| 8.  | Project Details.....                                 | 6  |
| 9.  | Structure Description .....                          | 7  |
| 10. | Summary of Site and Surrounding Structures .....     | 7  |
| 11. | Emergency Management .....                           | 7  |
| 12. | Communication and Consultation.....                  | 8  |
| 13. | Monitoring and Inspections.....                      | 8  |
| 14. | Notifiable Demolition Work .....                     | 9  |
| 15. | Noise / Vibration .....                              | 9  |
| 16. | Permits.....                                         | 10 |
| 17. | Method of Demolition.....                            | 11 |
| 18. | Demolition Sequence.....                             | 11 |
| 19. | Plant and Equipment .....                            | 11 |
| 20. | Salvage & Disposal Program.....                      | 13 |
| 21. | Appendix A: Project Checklist .....                  | 14 |
| 22. | Appendix C: Permit to Work .....                     | 18 |
| 23. | Appendix D: Hot Work Permit.....                     | 20 |
| 24. | Appendix E: Confined Space Entry Permit (CSEP) ..... | 22 |

## 1. Introduction

This Demolition Work Plan (DWP) includes processes and procedures in place for the demolition and removal of *136-148 Donnison Street, Gosford*.

The DWP will be available for inspection by all relevant persons, including visitors, direct relevant workers, Health and Safety Representatives, principal contractors, relevant workers of principal contractors and subcontractors and government appointed inspectors.

This DWP will be monitored and updated as required Moits and the most current copy will be kept on site for the duration of the project.

All persons should read and understand this DWP before starting work on this project. Moits requires all relevant persons to adhere to the contents of the DWP. Failure to comply with the requirements of the DWP will lead to disciplinary action, which may include possible dismissal, loss of employment and legal action for severe breaches.

Note: This Moits DWP has been designed to provide the necessary practices and procedures for the demolition and removal of *the building structures in 136-148 Donnison St, Gosford*. It should be read in conjunction with the Safety, Environment and Quality Management Plan.

## 2. Document Control

The DWP is a controlled document. All unauthorised copies either electronic or printed are considered uncontrolled copies. Copyholders and the version distributed to them will be recorded in the Distribution Record.

## 3. Management Commitment and Approval

The DWP has been approved and endorsed by Moits Senior Management representative. The signature of the authorised person Nick Chong Sun below demonstrates a commitment to the procedures and tools contained within the DWP.

Senior Management Sign-off: \_\_\_\_\_  \_\_\_\_\_ Date: 27 / 02 / 2025

## 4. References

Work Health & Safety Act (NSW) 2011  
Work Health & Safety Regulations (NSW) 2017  
Australian Government (1999): *Commonwealth Environment Protection and Biodiversity Conservation Act 1999*  
EPA NSW (1997): *Protection of the Environmental Operations Act 1997 (PEOA)*  
SafeWork Australia (2011): Code of Practice: *Demolition*  
SafeWork Australia (2011): Code of Practice: *How to Manage Work Health and Safety Risks*  
AS 2601:2001 The Demolition of Structures

## 5. Definitions

**Access and egress:** Refers to the rate and means of entry and exit to a workplace.

**Act:** A law (legislation) passed and enacted by a state or territory parliament, also commonly known as an Act of Parliament. Acts are the principal pieces of law covering, in this case, health and safety in the workplace.

**Code of Practice (COP)** A Code of Practice is a practical guide to achieve the standards of health and safety required under the model Work Health and Safety (WHS) Act and model WHS Regulations. Codes of Practice provide duty holders with guidance on effective ways to manage work health and safety risks. (Overview: Safe Work Australia: Code of Practice, Legislative Fact Sheet Series.)

**Barricade:** Any barrier that obstructs passage.

**Controlled document or record:** Any document for which distribution and status are to be kept current by the issuer to ensure that authorised holders or users have available the most up to date version.

**Demolition:** The act or process of destroying a structure or man-made building or item of plant.

**Exclusion zone:** An area into which entry is forbidden.

**Hazard:** A hazard is a source or a situation with a potential for harm in terms of human injury or illness, damage to property, damage to the environment, or a combination of these.

**Hazardous materials:** Any item or agent (biological, chemical, radiological, and/or physical), which has the potential to cause harm to humans, animals, or the environment, either by itself or through interaction with other factors.

**Hoarding:** A temporary fence around the perimeter of a construction site.

**Manifest:** A manifest is different from a register. A manifest is a written summary of specific types of dangerous goods that are used, handled or stored at a workplace.

**Plant:** includes -

- a. Any machinery, equipment, appliance, implement and tool; and
- b. Any component of any of those things; and
- c. Anything fitted, connected or related to any of those things.

**Regulations:** Regulations are law that is created under the authority of an Act. Regulations are subordinate to an Act and are the secondary level of law covering, in this case, health and safety in the workplace.

**Risk:** Risk is a combination of the likelihood and consequences of any injury or harm occurring.

**Spotter:** Also, known as a Safety Observer which is a person who looks or observes a particular process to avoid potential incidents.

**Structure:** Mode of building.

**Safety Data Sheet (SDS):** Information containing data regarding the properties and effects of a particular chemical that must be provided by the manufacturer, supplier or importer of the hazardous chemical/dangerous good. M/SDS must be current – within 5 years of the issue date and meet specific legislated format requirements.

## 6. Site Location



## 7. Site Organisation

- Access to the demolition zone will be through *Donnison St* (refer to *Site Location*)
- Access/egress: ☐ Barricades ☐ Signs ☐ Spotter ☐ Other
- Work areas and any identified hazards will be barricaded and signposted to define the area and prevent access
- The materials processing area is located at 136-148 *Donnison St* and will be enclosed within the perimeter hoarding/fencing
- The amenities will be maintained in a clean and hygienic manner during the course of the project
- Where the workplace adjoins public spaces (e.g. roads walkways etc.) public safety will be provided by installing hoarding. The hoarding will be signposted with 'Demolition' and 'Asbestos Removal' as applicable.

Indicate hoarding type for this project.

- |                                                        |                                             |                                                     |
|--------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Security fencing   | <input type="checkbox"/> Containment sheets | <input checked="" type="checkbox"/> Mesh            |
| <input type="checkbox"/> Overhead protective structure | <input type="checkbox"/> Road Closures      | <input checked="" type="checkbox"/> Exclusion zones |
| <input type="checkbox"/> Other? (specify)              | <input type="checkbox"/>                    | <input type="checkbox"/>                            |

## 8. Project Details

| <u>Contractor Details</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |           |      |                                   |           |      |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|------|-----------------------------------|-----------|------|------|
| Moits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |           |      |                                   |           |      |      |
| 142 Wicks Road Macquarie Park NSW 2113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |           |      |                                   |           |      |      |
| Contact Person: Kevin Watters (Construction Manager)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |           |      |                                   |           |      |      |
| Phone: 02 8026 1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |           |      | Email: kevin.watters@moits.com.au |           |      |      |
| Mobile Phone Number: 0466 579 885                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |           |      | ABN: 76 074 571 510               |           |      |      |
| <u>Site – specific Details</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |           |      |                                   |           |      |      |
| Demolition task: Full Demolition of Building Structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |           |      |                                   |           |      |      |
| Address of site: 136-148 Donnison St, Gosford                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |           |      |                                   |           |      |      |
| Start Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | End date: |      |                                   | Duration: |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mon. | Tues.     | Wed. | Thurs.                            | Fri.      | Sat. | Sun. |
| Daily start times                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |           |      |                                   |           |      |      |
| Daily finish times                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |           |      |                                   |           |      |      |
| Traffic management arrangements; Moits has in place a Traffic Management Plan (TMP) to allow for the safe management of people and mobile plant within the workplace and interaction with the public.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |           |      |                                   |           |      |      |
| Refer to Appendix A: Traffic Management Plan Checklist and Appendix B: Traffic Management Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |           |      |                                   |           |      |      |
| <u>Site Contact Details</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |           |      |                                   |           |      |      |
| Name of Site Contact: Gordon Butt (Project Manager)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |           |      |                                   |           |      |      |
| Workplace Phone: 02 8026 1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |           |      | Email: gordon.butt@moits.com.au   |           |      |      |
| Location of Site Contact: (Same address above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |           |      | Mobile Phone Number:              |           |      |      |
| <u>Structure Details</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |           |      |                                   |           |      |      |
| Name of structure owner:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |           |      |                                   |           |      |      |
| Address: 136-148 Donnison St, Gosford                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |           |      |                                   |           |      |      |
| Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |           |      | Email:                            |           |      |      |
| Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |           |      | Mobile Phone Number:              |           |      |      |
| Obtain and attach to this DWP, as applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |           |      |                                   |           |      |      |
| <ul style="list-style-type: none"> <li>Drawings</li> <li>Site survey</li> <li>Plan of services</li> <li>Structural engineer report</li> <li>List of existing defects</li> <li>Hazardous Materials Registers (asbestos / lead etc.)</li> <li>Confirmation of vermin removal</li> <li>Evidence chemicals, volatile fuels and gases have been deactivated</li> <li>Dial Before You Dig drawings to include the location of underground essential services including: <ul style="list-style-type: none"> <li>electricity</li> <li>drainage and sewerage</li> <li>gas</li> <li>communications cables (for example, telephone, radio and television relay lines)</li> <li>water</li> <li>hydraulic pressure mains</li> <li>liquid fuel lines</li> <li>lubrication systems</li> <li>process lines (chemical, acid).</li> </ul> </li> </ul> |      |           |      |                                   |           |      |      |

## 9. Structure Description

The building located at 136-148 Donnison Street, Gosford NSW 2250 is a two-storey commercial structure that requires demolition. Below is the structural description relevant to the demolition work plan:

- Building Type: Commercial/Office/Retail
- Height Above Ground Level: Approximately two storeys (~6–8 metres)
- Occupancy Class: Class 5 or 6 (Office or Retail – as per NCC classification)
- Structural Support System: Reinforced concrete and steel framing with load-bearing walls
- Principal Construction Materials:
  - External walls: Brick masonry and concrete
  - Internal walls: Combination of plasterboard partitions and brickwork
  - Roof: Reinforced concrete slab, used as a rooftop car park
  - Flooring: Concrete slab flooring on both levels

The demolition process will require careful removal of materials to ensure environmental compliance and safe dismantling of structural components. Measures will be taken to manage dust, debris, and potential hazardous materials

## 10. Summary of Site and Surrounding Structures

### **West Elevation (Henry Parry Drive):**

- The building is directly adjacent to the footpath and road.
- No immediate structures on this elevation, but traffic management will be necessary.

### **South Elevation (Donnison Street):**

- The building is directly adjacent to the footpath and road.
- Approx. 15 metres from other properties across Donnison Street.

### **North Elevation (William Street):**

- Majority of this boundary faces William Street, with similar conditions as the west and south (road and pedestrian access).
- To the northeast of William Street, four buildings are adjacent to the site:
  1. 37 William Street: Multi-storey Douglas Hanly Moir pathology building.
  2. 39 William Street: Single-storey dwelling with an open parking area at the rear, closer to the demolition site.
  3. 41 William Street: Multi-storey ICON Cancer Centre Building.
  4. 43 William Street: Multi-storey PRP Diagnostic Imaging Centre.

### **East Elevation (Albany Street):**

- Half of Albany St on the South faces similar conditions as west and south elevations (road and pedestrian access)

## 11. Emergency Management

- Adequate numbers of first aid trained staff are on site
- First aiders are trained and competent in managing injuries associated with demolition until emergency services arrive
- All rescue equipment is in good condition, available for use and in close proximity to the work site.
- Workers have access to:
  - First aid kit/supplies
  - M/SDS
  - Communication devices (check mobile phones will have service)
  - Suitable fire protection equipment.

|                                                                                                                                                                               |                                                                       |                                                          |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|----------------|
| Emergency evacuation assembly point:                                                                                                                                          |                                                                       |                                                          |                |
| <b>Police / Fire / Ambulance - 000</b>                                                                                                                                        |                                                                       | <b><i>If mobile phone is out of range dial - 112</i></b> |                |
| First Aid Officer:                                                                                                                                                            |                                                                       | Contact Number:                                          |                |
| Qualification:                                                                                                                                                                |                                                                       | Expiry date:                                             |                |
| <input type="checkbox"/> First Aid Kit                                                                                                                                        | <input type="checkbox"/> Falls Rescue Equipment ( <i>list items</i> ) |                                                          |                |
| <input type="checkbox"/> Communication System                                                                                                                                 |                                                                       |                                                          |                |
| <input type="checkbox"/> Fire Extinguisher                                                                                                                                    |                                                                       |                                                          |                |
| Key personnel (24-hour contact)                                                                                                                                               |                                                                       |                                                          |                |
| Name/s                                                                                                                                                                        | Email                                                                 | Contact number                                           |                |
| Kevin Watters                                                                                                                                                                 | Kevin.watters@moits.com.au                                            | 0466 579 885                                             |                |
|                                                                                                                                                                               |                                                                       |                                                          |                |
|                                                                                                                                                                               |                                                                       |                                                          |                |
| Nearby facilities/neighbours                                                                                                                                                  |                                                                       |                                                          |                |
| Facilities/neighbours                                                                                                                                                         | Contact name/s                                                        | Email                                                    | Contact number |
|                                                                                                                                                                               |                                                                       |                                                          |                |
|                                                                                                                                                                               |                                                                       |                                                          |                |
|                                                                                                                                                                               |                                                                       |                                                          |                |
|                                                                                                                                                                               |                                                                       |                                                          |                |
| Have fire and emergency authorities been notified of <input type="checkbox"/> commencement date <input type="checkbox"/> type of work <input type="checkbox"/> likely hazards |                                                                       |                                                          |                |

## 12. Communication and Consultation

Moits will ensure effective communication and consultation with other Duty Holders, such as structure owner/s, neighbouring business holders, neighbouring home owners, body corporates, contractors etc. affected by this project. All efforts will be made to identify hazards, consult with duty holders, cooperate and co-ordinate with duty holders to ensure health and safety for the duration of the project.

| Other duty holders | Details |
|--------------------|---------|
|                    |         |
|                    |         |
|                    |         |
|                    |         |
|                    |         |
|                    |         |

## 13. Monitoring and Inspections

The process of hazard identification, risk assessment and control is an on-going process and will be conducted in full consultation with relevant persons for the duration of the project.

The following arrangements have been put in place to ensure safety on site and SWMS are being followed.

✓ Spot checks

✓ Consultation, information and training

- ✓ Adequate supervision
- ✓ Audits and Workplace Checklists

- ✓ Worker competency assessments.
- Other

## **14. Notifiable Demolition Work**

The Regulator will be notified at least 5 days before demolition works commence.

Notification will be provided on the prescribed form and in the prescribed manner detailing the intention of the company to undertake the demolition works:

- ☐ To a structure, or a part of a structure, that is load-bearing, or otherwise related to the physical integrity that is over six metres high
- ☐ That requires load shifting machinery on a suspended floor
- ☐ That involves the use of explosives

(s142. Work Health and Safety Regulations 2017)

Has the regulator been notified?      ✓ Yes      ☐ No

## **15. Noise / Vibration**

Moits will conduct risk assessments and apply best practice techniques to eliminate or reduce the environmental impact of noise / vibration to the community, buildings and structures.

Proposed noise producing activities to be undertaken:

- |                                                                    |                                                    |
|--------------------------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> Oxy cutting                    | <input checked="" type="checkbox"/> Plant Movement |
| <input checked="" type="checkbox"/> Shearing with excavators       | <input checked="" type="checkbox"/> Crane work     |
| <input checked="" type="checkbox"/> Rock hammering with excavators | <input checked="" type="checkbox"/> Power tools    |
| <input checked="" type="checkbox"/> Loading trucks                 | <input type="checkbox"/> Concrete crusher          |
| <input type="checkbox"/> Other (list)                              |                                                    |

| <u>Identified Environmental Hazards</u>                                 | <u>Hazard Controls</u>                                 |
|-------------------------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> Air quality                         | Will be covered in site specific project documentation |
| <input type="checkbox"/> Bulk excavation/spoil                          |                                                        |
| <input checked="" type="checkbox"/> Construction waste disposal         | Will be covered in site specific project documentation |
| <input type="checkbox"/> Contaminated soil/water                        |                                                        |
| <input checked="" type="checkbox"/> Dewatering/pump out                 | Will be covered in site specific project documentation |
| <input type="checkbox"/> Habitats (protected flora/fauna)               |                                                        |
| <input type="checkbox"/> Hazardous waste disposal / biological hazards  |                                                        |
| <input type="checkbox"/> Heritage & Archaeology                         |                                                        |
| <input checked="" type="checkbox"/> Noise or vibration                  | Will be covered in site specific project documentation |
| <input checked="" type="checkbox"/> Noisy work (neighbourhood)          | Will be covered in site specific project documentation |
| <input checked="" type="checkbox"/> Slurry or other discharges          | Will be covered in site specific project documentation |
| <input checked="" type="checkbox"/> Spills of hazardous/toxic chemicals | Will be covered in site specific project documentation |
| <input checked="" type="checkbox"/> Stormwater/sediment control         | Will be covered in site specific project documentation |
| <input checked="" type="checkbox"/> Traffic & parking                   | Will be covered in site specific project documentation |
| <input type="checkbox"/>                                                |                                                        |
| <input type="checkbox"/>                                                |                                                        |

## 16. Permits

Moits recognises the role of Work Permit System. Permits that will be issued will be but not limited to the following:

- Hot work (drilling, grinding, cutting)
- Working at height (above 2 m)
- Electrical power will be isolated prior to demolition commencing
- Excavation and Penetrations
- Hazardous Work Permit

|                                                                    |                          |                          |                              |                             |                              |
|--------------------------------------------------------------------|--------------------------|--------------------------|------------------------------|-----------------------------|------------------------------|
| Entry Permit/s ( <i>Appendix C</i> ) completed and signed          |                          |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Hot Work Permit/s ( <i>Appendix D</i> ) completed and signed       |                          |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Confined Space Permit/s ( <i>Appendix E</i> ) completed and signed |                          |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ELECTRICITY                                                        |                          | UNDERGROUND SERVICES     |                              |                             |                              |
| Energised                                                          | <input type="checkbox"/> | Dial Before You Dig plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| De - Energised                                                     | <input type="checkbox"/> | Electrical Services      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Isolated                                                           | <input type="checkbox"/> | Gas Services             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Locked Out & Tagged                                                | <input type="checkbox"/> | Water Services           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Permit No. (if applicable)                                         | <input type="checkbox"/> | Communications           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

## 17. Method of Demolition

This is a ☒ full demolition ☐ partial demolition

The method of demolition ☐ manual ☐ mechanical ☒ combination (indicate in the demolition sequence where each method is used).

| 18. Demolition Sequence                                                                                                   | WORKERS / WORK GROUP | Tick as applicable demolition method |            |     |
|---------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------|------------|-----|
|                                                                                                                           |                      | Manual                               | Mechanical | N/A |
| 1. Site establishment (perimeter site fencing, plant mobilisation, site amenities set up, perimeter scaffolding, signage) |                      | ✓                                    |            |     |
| 2. Disconnection of services and installation of temp services                                                            |                      | ✓                                    |            |     |
| 3. Internal strip out works                                                                                               |                      | ✓                                    | ✓          |     |
| 4. Structural demolition as per sequence 1 (refer to Site Location Map), top down approach.                               |                      |                                      | ✓          |     |
| 5. Structural demolition as per sequence 2 (refer to Site Location Map), top down approach.                               |                      |                                      | ✓          |     |
| 6. Structural demolition as per sequence 3 (refer to Site Location Map), top down approach.                               |                      |                                      | ✓          |     |
| 7. Structural demolition as per sequence 4 (refer to Site Location Map), top down approach.                               |                      |                                      | ✓          |     |
| 8. Clear out all demolition waste and demobilise                                                                          |                      |                                      | ✓          |     |
| 9.                                                                                                                        |                      |                                      |            |     |
| 10.                                                                                                                       |                      |                                      |            |     |

## 19. Plant and Equipment

|                                   |                                                  |
|-----------------------------------|--------------------------------------------------|
| Manual demolition equipment list. | Mechanical demolition powered mobile plant list. |
|-----------------------------------|--------------------------------------------------|

Hand held tools  
Oxy cutting tools

Excavators  
EWPs  
Bobcats  
Trucks

## 20. Salvage & Disposal Program

Moits is committed to successfully conserving resources and is aware of the importance of waste management. All demolition material will be sorted into waste streams to maximise recycling efficiency.

- Timber – reusable timbers will be stripped and separated by hand and stacked for resale to timber yards. Timber deemed unusable will be carted to Bingo Industries waste facility for landfill.
- Brick/block work – will be separated and carted to Rock & Dirt Recycling facility for crushing. The crushed brick is a recyclable material used as sub- base, granular fill or a blended road base.
- Concrete – will be separated and carted to Rock & Dirt Recycling Facility for crushing. The concrete produced sub-base, 20mm crushed concrete road- base and a blended road-base.
- Steel – Steel separated to stockpile and carted to metal recycling facilities.
- Aluminium – aluminium separated and carted to metal recycling facilities.
- Copper – copper separated and carted to metal recycling facilities.
- Rubbish – Mixed waste will be carted to Bingo Industries.
- Asbestos Waste – removed off site to EPA licenced tip

### Waste Stream Management Register

| Waste Stream   | Disposal Method                                                                                                                                                                                                                                                        |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Concrete       | Load in trucks under water suppression for dust control. Mass will be monitored via on board scales load will be covered and transport to authorized facility for recycling and reuse.                                                                                 |
| Brick          | To be stacked on pallets and kept on site for reuse or Load in trucks under water suppression for dust control mass will be monitored Via on board scales load will be covered and transport to tip under RMS guide lines Disposal of material as per EPA requirements |
| Spoil          | Load in trucks load mass will be monitored Via on board scales load will be covered and transport to authorized facility for recycling and reuse as per EPA requirements                                                                                               |
| Asbestos Waste | Asbestos waste will be contained in 200um bags or wrapped in plastic and taken to authorised disposal facility. Waste dockets will be obtained for all asbestos waste.                                                                                                 |
| Steel          | Load in trucks under water suppression for dust control (if required). Mass will be monitored via on board scales load will be covered and transport to authorized facility for recycling and reuse.                                                                   |

## 21. Appendix A: Project Checklist

Organisation Name: Moits

Date:

Location: 136-148 Donnison St, Gosford

Completed by:

Names of Health and Safety Representatives / Employees / Workers involved:

**KEY:** YES 'Y'      NO 'N'      NOT APPLICABLE 'N/A'

| POTENTIAL HAZARD                                                                                                                                                                                                   | CIRCLE RESPONSE |   |     | COMMENTS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---|-----|----------|
| INFORMATION, TRAINING, INSTRUCTION                                                                                                                                                                                 |                 |   |     |          |
| Is/will a Construction TMP be in place for this site?                                                                                                                                                              | Y               | N | N/A |          |
| Will the plan be available for all visitors, employees / workers and contractors on site?                                                                                                                          | Y               | N | N/A |          |
| Is there a process in place for checking licences, qualifications and fitness for work when engaging drivers, operators or contractors                                                                             | Y               | N | N/A |          |
| Is there a process in place for managing the activities of visiting drivers/operators?                                                                                                                             | Y               | N | N/A |          |
| Is there a process in place for employees / workers including contractors to know and understand the traffic rules, safety policies and procedures for the workplace on the day?<br>E.g. induction, toolbox talks? | Y               | N | N/A |          |
| PARKING                                                                                                                                                                                                            |                 |   |     |          |
| Are there designated parking areas for employees / workers and visitors outside of the work area?                                                                                                                  | Y               | N | N/A |          |
| Is the parking area clearly marked for visitors?                                                                                                                                                                   | Y               | N | N/A |          |
| Is the parking area clearly signed?                                                                                                                                                                                | Y               | N | N/A |          |
| Is there a safe route for visitors to access the site office/work area?                                                                                                                                            | Y               | N | N/A |          |
| Does the route from the parking area have clearly signed crossing points where a pedestrian pathway crosses a traffic pathway?                                                                                     | Y               | N | N/A |          |
| Are pedestrian walkways clearly marked?                                                                                                                                                                            | Y               | N | N/A |          |
| ELEVATED WORK PLATFORMS                                                                                                                                                                                            |                 |   |     |          |
| Protected from potential impact/ barricaded while in use?                                                                                                                                                          | Y               | N | N/A |          |
| Used on suitable ground surface (flat, solid, even no backfill)?                                                                                                                                                   | Y               | N | N/A |          |
| Sufficient clearance from overhead electric lines and other obstructions?                                                                                                                                          | Y               | N | N/A |          |

| POTENTIAL HAZARD                                                                                                                                                            | CIRCLE RESPONSE |   |     | COMMENTS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---|-----|----------|
| Only trained, licenced operators to use EWP?                                                                                                                                | Y               | N | N/A |          |
| <b>SIGNS / WARNING DEVICES</b>                                                                                                                                              |                 |   |     |          |
| Is there a safe system of work developed to stop loads being carried where clear vision is impaired e.g. SWMS                                                               | Y               | N | N/A |          |
| Do employees / workers, plant operators and pedestrians at the workplace wear high-visibility or reflective clothing?                                                       | Y               | N | N/A |          |
| Will a trained person be appointed to control manoeuvres on site?                                                                                                           | Y               | N | N/A |          |
| Are sufficient communications in place e.g. radio, line of sight hand signals?                                                                                              | Y               | N | N/A |          |
| Will all mobile plant have flashing lights, reversing alarms?                                                                                                               | Y               | N | N/A |          |
| Are there appropriate speed limit signs?                                                                                                                                    | Y               | N | N/A |          |
| Are there warning signs of powered mobile plant hazards?                                                                                                                    | Y               | N | N/A |          |
| Are there appropriate site safety signs - PPE- First Aid-location of site office-other hazards?                                                                             | Y               | N | N/A |          |
| Are there appropriate and clear loading zone signs?                                                                                                                         | Y               | N | N/A |          |
| Are there speed-controlling devices in place to restrict vehicle speed on site? E.g. speed bumps?                                                                           | Y               | N | N/A |          |
| <b>VEHICLES AND POWERED MOBILE PLANT</b>                                                                                                                                    |                 |   |     |          |
| Is there a system for reporting faults/defects on vehicles and powered mobile plant?                                                                                        | Y               | N | N/A |          |
| Do drivers/operators carry out basic pre-start safety checks before using vehicles?                                                                                         | Y               | N | N/A |          |
| Is mobile plant appropriate for the tasks to be done?                                                                                                                       | Y               | N | N/A |          |
| Does the site require rumble pads/wheel washers to be used before exiting site?                                                                                             | Y               | N | N/A |          |
| Are there blind corners or low visibility areas on site?                                                                                                                    | Y               | N | N/A |          |
| Is there any slopes/ grades or drop offs that may cause a vehicle/plant to lose control?                                                                                    | Y               | N | N/A |          |
| Are there any actual or possible environmental conditions that may increase risk? e.g. wet weather, fog, ice?                                                               | Y               | N | N/A |          |
| Are there procedures/signs available for changes in conditions that may affect a drivers/operator's vision, or ability to control a vehicle?                                | Y               | N | N/A |          |
| <b>ROAD TRAFFIC CONTROL PLANS</b>                                                                                                                                           |                 |   |     |          |
| Is road traffic control necessary?                                                                                                                                          | Y               | N | N/A |          |
| If road traffic controls are necessary, will a Road Traffic Control Plan (RTCP) be developed to manage traffic movements?                                                   | Y               | N | N/A |          |
| Will the RTCP be developed as per Australian Standard AS 1742 series and/or permit conditions? (a RTCP can only be prepared by a person who suitably trained and qualified) | Y               | N | N/A |          |

| POTENTIAL HAZARD                                                                                                                                        | CIRCLE RESPONSE                                                                                                              |   |                                                                                                                                                | COMMENTS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Will Road Traffic Control be set up and controlled by suitably trained and qualified personnel?                                                         | Y                                                                                                                            | N | N/A                                                                                                                                            |          |
| <b>OVERHEAD ELECTRICAL HAZARDS</b>                                                                                                                      |                                                                                                                              |   |                                                                                                                                                |          |
| Has information from the relevant Regulators been obtained for No Go Zones and permitted clearance distances?                                           | Y                                                                                                                            | N | N/A                                                                                                                                            |          |
| Are all relevant employees / workers (and affected Duty Holders) trained in the No Go Zones and clearances?                                             | Y                                                                                                                            | N | N/A                                                                                                                                            |          |
| Can power to the electrical lines be isolated for the duration of the works?                                                                            | Y                                                                                                                            | N | N/A                                                                                                                                            |          |
| Have dedicated SWMS been developed in consultation with relevant persons for all tasks conducted near overhead electrical lines?                        | Y                                                                                                                            | N | N/A                                                                                                                                            |          |
| Has the electrical line owner been informed of the nature and duration of the work?<br>Note: any permits or special restrictions that may apply.        | Y                                                                                                                            | N | N/A                                                                                                                                            |          |
| Has written permission from the line owner been obtained?                                                                                               | Y                                                                                                                            | N | N/A                                                                                                                                            |          |
| Will a dedicated and trained Spotter be utilised for the duration of the work?                                                                          | Y                                                                                                                            | N | N/A                                                                                                                                            |          |
| Has the following been determined? <span style="color: blue;">✓ yes</span> <span style="color: red;">X no</span>                                        |                                                                                                                              |   |                                                                                                                                                |          |
| (a) Location/s of electrical lines and electrical installations (transformers are often mounted lower than wires). <input type="checkbox"/>             | (d) Minimum clearance zones. Condition of the installations. <input type="checkbox"/>                                        |   | (g) Measurements from ground to installation (transformers, conductors, and any sag / sway in sections of the lines). <input type="checkbox"/> |          |
| (b) Type of installations (lines, conductors, transformers, Single Wire Earth Return (SWER), communications cables). <input type="checkbox"/>           | (e) Voltage. <input type="checkbox"/>                                                                                        |   | (h) Presence of insulation. <input type="checkbox"/>                                                                                           |          |
| (c) Maximum range of plant or machinery being used near the electrical installation (design envelope). <input type="checkbox"/>                         | (f) If there is doubt about any of these matters, contact with the installation owner will be made. <input type="checkbox"/> |   | (i) Contact details:                                                                                                                           |          |
| List risk controls that will be implemented for the duration of the work: <span style="color: blue;">✓ yes</span> <span style="color: red;">X no</span> |                                                                                                                              |   |                                                                                                                                                |          |
| Relocate cables / conductors. <input type="checkbox"/>                                                                                                  | Signs / clearance indicators. <input type="checkbox"/>                                                                       |   | Other? <input type="checkbox"/>                                                                                                                |          |
| Height limits on plant / equipment . <input type="checkbox"/>                                                                                           | Visual markers. <input type="checkbox"/>                                                                                     |   | Specify:                                                                                                                                       |          |
| Equipment with reduced design envelopes. <input type="checkbox"/>                                                                                       | Dedicated Spotters. <input type="checkbox"/>                                                                                 |   |                                                                                                                                                |          |
| Are all employees / workers trained about the nature of the hazards (including arcing and touch potential)?                                             | Y                                                                                                                            | N | N/A                                                                                                                                            |          |
| Have employees / workers been trained in correct emergency response in the event of contact with overhead electric lines and installations?             | Y                                                                                                                            | N | N/A                                                                                                                                            |          |



## 22. Appendix C: Permit to Work

### TO BE COMPLETED BY THE CONTRACTOR

|                           |                 |
|---------------------------|-----------------|
| CONTRACTOR COMPANY NAME:  |                 |
| CONTRACTOR NAME:          |                 |
| CONTRACT SUPERVISOR NAME: | PHONE:          |
| WORKSITE:                 |                 |
| LOCATION OF THE WORK:     |                 |
| DATE:                     | PERIOD OF WORK: |

WORK DESCRIPTION:

---



---



---



---

#### WORK WILL INVOLVE:

✓ TICK APPLICABLE

- |                                                                                                           |                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Asbestos                                                                         | <input type="checkbox"/> Working at heights (above 2m)                                                                                          |
| <input type="checkbox"/> Hazardous chemicals                                                              | <input type="checkbox"/> Working at depths greater than 1.5 Metres                                                                              |
| <input type="checkbox"/> Using explosives                                                                 | <input type="checkbox"/> Trenching                                                                                                              |
| <input type="checkbox"/> Work in an area that may have a contaminated or flammable atmosphere             | <input type="checkbox"/> Working in tunnels                                                                                                     |
| <input type="checkbox"/> Pressurised gas distribution mains or piping chemical, fuel or refrigerant lines | <input type="checkbox"/> Structures or buildings involving structural alterations or repairs that require temporary support to prevent collapse |
| <input type="checkbox"/> Confined Space                                                                   | <input type="checkbox"/> Tilt up or pre-cast concrete                                                                                           |
| <input type="checkbox"/> Spray painting                                                                   | <input type="checkbox"/> Erecting scaffolding                                                                                                   |
| <input type="checkbox"/> Hot work                                                                         | <input type="checkbox"/> Work carried out adjacent to a road, railway or shipping lane, traffic corridor                                        |
| <input type="checkbox"/> Abrasive blasting                                                                | <input type="checkbox"/> Moving Plant                                                                                                           |
| <input type="checkbox"/> Demolition                                                                       | <input type="checkbox"/> Artificial extremes of temperature                                                                                     |
| <input type="checkbox"/> Remote or isolated work                                                          | <input type="checkbox"/> In or near water or other liquid that involves risk of drowning                                                        |
| <input type="checkbox"/> Biological hazards                                                               | <input type="checkbox"/> Diving work                                                                                                            |
| <input type="checkbox"/> Human factor hazards                                                             | <input type="checkbox"/> Other. Specify:                                                                                                        |
| <input type="checkbox"/> Energised electrical installations or services                                   |                                                                                                                                                 |
| <input type="checkbox"/> Other. Specify:                                                                  |                                                                                                                                                 |

**Note:** A work permit specific to the work activity is to be forwarded to the Contract Supervisor along with any other relevant documents.

- Do you have Safe Work Method Statements to undertake the work indicated above? ☐ Yes ☐ No
- Have Risk Assessment(s) been completed for this work? ☐ Yes ☐ No
- Have you been trained and are you competent in safe work method(s)? ☐ Yes ☐ No
- Is a Hot Work Permit required before commencement of work? ☐ Yes ☐ No
- Is a Confined Spaces Entry Permit required? ☐ Yes ☐ No

Are there any other permits required? ☐ Yes ☐ No If yes – *Specify:*

*Please attach copies of all relevant documents.*

## CONTRACTOR SIGN OFF

I ..... of ..... declare that I/we  
Contractor Name – please print Company Name

- Understand the obligations under the Work Health and Safety Act and Work Health and Safety Regulations, Codes of Practice and Australian Standards that are applicable to the work being undertaken and to the circumstances in which the contract will be affected
- Have certification and qualifications that are required by legislation and have attached a copy of these
- Will cease working, make safe the workplace and contact the Site Manager if I become aware of danger to myself or others during the period of the contract
- Understand environmental obligations for the work undertaken including the need to prevent potential damage to the environment
- Will maintain at all times a current Worker's Compensation Insurance Policy (if applicable)
- Will maintain at all times the following insurance policies:

Type of Policy: ..... Policy covers: .....

Type of Policy: ..... Policy covers: .....

Type of Policy: ..... Policy covers: .....

*Please attach copies of all relevant licences and insurance policies.*

**Signed: Contractor** \_\_\_\_\_ **Date**     /     /

## Moits Supervisor Sign Off

The contractor has been admitted to the site to provide the services as detailed in the contract.

The additional permits have been issued

.....

Contractor Site Induction has been arranged before work will commence on the site.

**Signed: Site Supervisor** \_\_\_\_\_ **Date**     /     /

## 23. Appendix D: Hot Work Permit

|                      |       |                |                      |                       |         |
|----------------------|-------|----------------|----------------------|-----------------------|---------|
| Site Name:           |       | Site Location: |                      | Location of Hot Work: |         |
| Date Permit Starts:  | Time: | am / pm        | Date Permit Expires: | Time:                 | am / pm |
| Description of work: |       |                |                      |                       |         |

### TO BE COMPLETED BY THE PERSON PERFORMING THE WORK

|                  |        |                           |        |
|------------------|--------|---------------------------|--------|
| Company Name:    |        | Contractor / Worker Name: |        |
| Contact address: | Phone: | Supervisor Name:          | Phone: |

### TO BE COMPLETED BY THE APPROVED PERSON IN CONSULTATION WITH THE WORKER/S PERFORMING THE WORK

**Work will involve the following equipment, which is in good condition and approved for use: (Tick applicable)**

|                                                 |                                                |                                |                                           |
|-------------------------------------------------|------------------------------------------------|--------------------------------|-------------------------------------------|
| <input type="checkbox"/> Welder - Specify type: | <input type="checkbox"/> Angle Grinder         | <input type="checkbox"/> Saw   | <input type="checkbox"/> Other - Specify: |
| <input type="checkbox"/> Soldering Iron         | <input type="checkbox"/> Gas torch / Blow lamp | <input type="checkbox"/> Laser | <input type="checkbox"/> Other - Specify: |

#### Emergency Information

In an emergency call **Emergency Services 000 or 112** (if calling from mobile)

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Closest Emergency Alarm is located at: | Closest Evacuation Assembly point is: |
|----------------------------------------|---------------------------------------|

|                               |               |
|-------------------------------|---------------|
| Supervisor to be notified is: | Phone Number: |
|-------------------------------|---------------|

**The following control measures have been implemented and will be monitored for the duration of the work: (Tick applicable)**

| Services isolated:                                                                                                                                                                                                                                                                 | Hot Work location has been isolated from:                                                                                                                                                                                                                                         | General:                                                                                                                                                                                                                                                                                                                                                                                                                                           | Environmental conditions are assessed:                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Smoke / thermal detectors<br><input type="checkbox"/> Tanks / vessels<br><input type="checkbox"/> Pipes / valves<br><input type="checkbox"/> Drains<br><input type="checkbox"/> Electrical equipment<br><input type="checkbox"/> Electrical installations | <input type="checkbox"/> Pedestrians<br><input type="checkbox"/> Traffic<br><input type="checkbox"/> Mobile Plant<br><input type="checkbox"/> Unauthorised access<br><input type="checkbox"/> Adjacent work where Hot Work may affect other hazardous work in progress or workers | <input type="checkbox"/> Machinery & equipment is cleaned of combustible residue<br><input type="checkbox"/> Enclosed plant is purged & cleaned of combustible vapours<br><input type="checkbox"/> Work area is adequately ventilated<br><input type="checkbox"/> Flash screens, barricades &/or guards provided<br><input type="checkbox"/> Hot work equipment inspected & in good working condition<br><input type="checkbox"/> Signage in place | <input type="checkbox"/> Rain<br><input type="checkbox"/> Wind<br><input type="checkbox"/> Excess heat or cold<br><input type="checkbox"/> Vegetation<br><input type="checkbox"/> Animals<br><input type="checkbox"/> Working surfaces |

**The following control measures have been implemented and will be monitored for the duration of the work: (Tick applicable)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Spotter / Fire Watch:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Spotter / Fire watch to implemented</li> <li><input type="checkbox"/> Personnel trained to use fire equipment &amp; emergency procedures</li> <li><input type="checkbox"/> Appropriate PPE to be worn</li> <li><input type="checkbox"/> Work &amp; adjacent areas patrolled during work</li> <li><input type="checkbox"/> Work &amp; adjacent areas patrolled up to 30 mins after completion</li> <li><input type="checkbox"/> Fire extinguisher provided &amp; ready for use</li> <li><input type="checkbox"/> Hose reel provided &amp; ready for use</li> <li><input type="checkbox"/> Emergency procedure in place</li> <li><input type="checkbox"/> All workers are aware of fire safety precautions</li> </ul> | <b>Within 10 metres of work area:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Floors swept clean</li> <li><input type="checkbox"/> All floor, wall &amp; ceiling openings are covered</li> <li><input type="checkbox"/> Covers are suspended beneath elevated work to catch any sparks</li> <li><input type="checkbox"/> No combustible items or material</li> <li><input type="checkbox"/> Any combustible materials or surfaces that cannot be removed are adequately protected</li> <li><input type="checkbox"/> Pits, trenches, confined spaces, general area inspected and clear of combustible materials, flammable liquids, gases, vapours</li> <li><input type="checkbox"/> No chemicals stored in the immediate area</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                     |                                                                                                                                                                                  |                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are all workers familiar with the Hot Work procedure at XYZ Company Proprietary Limited?<br>Do you have Safe Work Method Statements to undertake the work indicated above?<br>Have Risk Assessment(s) been completed for this work? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Have all workers been trained and assessed as competent in safe work method(s)?<br>Is a Confined Spaces Entry Permit required?<br>Are there any other permits required? <i>If yes - Specify:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                            |                                                                                                                                                                                                                                                                                                                           |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Applicant Agreement</b> | I, <i>(Insert name here)</i> agree that, to the best of my knowledge, I am qualified and competent to complete the hot work described on this permit and will adhere to all the controls listed on this permit. I will cease work if these precautions cannot be maintained or if an unsafe situation arises during work. |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|       |            |              |
|-------|------------|--------------|
| Name: | Signature: | Date & time: |
|-------|------------|--------------|

|                                         |                                                                                                                                                                                                   |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Authorisation by Approved Person</b> | The work area has been inspected, equipment and PPE has been checked and the appropriate controls and conditions of this permit are in place. Authorisation for this work to commence is granted. |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|       |            |              |
|-------|------------|--------------|
| Name: | Signature: | Date & time: |
|-------|------------|--------------|

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Final Sign Off by Approved Person</b> | The worksite where this Hot Work was conducted under this permit has been inspected and: <ul style="list-style-type: none"> <li>a) The work area and adjacent areas were inspected at 30 minutes and again at 2 hours after completion of work</li> <li>b) Fire protection / detection systems (including alarms) have been re-instated</li> <li>c) Services have been re- connected and /or energised or remain locked out as required to ensure safety.</li> </ul> |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|       |            |              |
|-------|------------|--------------|
| Name: | Signature: | Date & time: |
|-------|------------|--------------|

## 24. Appendix E: Confined Space Entry Permit (CSEP)

CSEP #:

The Confined Space Permit must be completed and signed by the Supervisor before work may commence. This permit covers ONLY the work listed on this permit and only during the time period that the permit is current. This permit must be prominently displayed at the worksite during confined space entry.

Site Name:

Site address:

Confined space location:

Date Permit Starts:

Date Permit Ends:

Company/ Contractor Supervisor:

Phone Number:

**In an Emergency Call Emergency Services 000 (112 if calling from a mobile out of range)**

Closest Evacuation Assembly point is:

### Confined Space Identification & Risk Assessment Checklist

Description of space:

|                                                                                                               | Yes                      | No                       | Control Measure<br>From control options e.g. B | Control Options                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section 1 – For the space to be defined as confined all points, 1.1 – 1.3, must be answered with a ‘yes’      |                          |                          |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| 1.1 The space is not designed or intended primarily to be occupied by a person?                               | <input type="checkbox"/> | <input type="checkbox"/> |                                                | (These are example risk controls and the list is not exhaustive).<br>A. Permit - signed, dated & correct for the task<br>B. Atmospheric testing<br>C. Atmospheric monitoring<br>D. Removal of ignition sources<br>E. Lock out all isolation points<br>F. Isolate all energy sources<br>G. Purging<br>H. Ventilation<br>I. Communication<br>J. Standby |
| 1.2 Is the space designed or intended to be, at normal atmospheric pressure while any person is in the space? | <input type="checkbox"/> | <input type="checkbox"/> |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| 1.3 Is the space likely to be a risk to health and safety from:                                               |                          |                          |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| a. An atmosphere that does not have a safe oxygen level?                                                      |                          |                          |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| b. Contaminants, including airborne gases, vapours and dusts, that may cause injury from fire or explosion?   | <input type="checkbox"/> | <input type="checkbox"/> |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| c. Harmful concentrations of any airborne contaminants?                                                       |                          |                          |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| d. Engulfment?                                                                                                |                          |                          |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| Section 2 – Risk assessment – A full risk assessment is required for a confined space.                        |                          |                          |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| 2.1 Entry                                                                                                     |                          |                          |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| Can the work be carried out without the need to enter the confined space?                                     | <input type="checkbox"/> | <input type="checkbox"/> |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| All persons have been trained?                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |                                                |                                                                                                                                                                                                                                                                                                                                                       |
| Suitable Access and exit?                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |                                                |                                                                                                                                                                                                                                                                                                                                                       |

|                                                                                          |                                                                                                                                                                                                                    | Yes                                                                                                                      | No                       | Control Measure                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.2 Atmosphere                                                                           | Is there a risk of the atmospheric pressure in the space changing to an unsafe level?                                                                                                                              | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> | K. Air breathing apparatus<br>L. Air breathing respirator<br>M. Particulate mask<br>N. Safety harness & lanyard / lifeline<br>O. Head protection<br>P. Face shield / goggles / safety glasses<br>Q. Ear muffs / plugs<br>R. Gloves<br>S. Warning notices / barricades<br>T. Lighting provisions<br>U. Hot works controls |
|                                                                                          | Is there a risk of the atmosphere being unsafe before entering the space?                                                                                                                                          | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
|                                                                                          | Is there a risk of any harmful contaminant or process entering the space or being created from inside once inside the space?                                                                                       | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
|                                                                                          | Are any processes occurring inside or adjacent to the space likely to cause any oxygen deficiency?                                                                                                                 | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
|                                                                                          | Area clear of all combustibles including atmosphere                                                                                                                                                                | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
|                                                                                          | Is continual air monitoring required?                                                                                                                                                                              | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
| 2.3 Hot work                                                                             | Hot Work permitted?                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
| 2.4 Isolation required?                                                                  | Water/gas/steam/chemicals<br>Mechanical/electrical drives<br>Auto fire extinguishing systems<br>Hydraulic/electric/gas/power<br>Sludge/deposits/wastes<br>Locks and/or tags have been affixed to isolation points? | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
| 2.5 Communication                                                                        | Is continual communication between the workers in the space and the standby difficult?                                                                                                                             | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
| 2.6 Access                                                                               | Warning notices/barricades?                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
| 2.7 Entanglement                                                                         | Is there a risk of entanglement from moving parts or plant in the space?                                                                                                                                           | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
| 2.8 PPE                                                                                  | PPE Required?                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
| 2.9 Other?                                                                               |                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |
| <b>Section 3: Risk Controls – Conditions for entry</b>                                   |                                                                                                                                                                                                                    |                                                                                                                          |                          |                                                                                                                                                                                                                                                                                                                          |
| 3.1 Describe the features of the confined space e.g. access, conditions inside the space | 3.2 Description of emergency procedures to be taken in the event of an emergency e.g. fire brigade, mechanical ventilation etc.                                                                                    | 3.3 Describe the emergency equipment required for the confined space entry e.g. Safety harness & lanyard / lifeline etc. |                          |                                                                                                                                                                                                                                                                                                                          |
|                                                                                          |                                                                                                                                                                                                                    |                                                                                                                          |                          |                                                                                                                                                                                                                                                                                                                          |

| Atmospheric Testing Results                                                                                                                                                                         |      |                                   |                          |                          |          |                                        |                          |                              |                             |       |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|--------------------------|--------------------------|----------|----------------------------------------|--------------------------|------------------------------|-----------------------------|-------|--------------------------|--------------------------|
| Date                                                                                                                                                                                                | Time | Flammable LEL                     | Y                        | N                        | Oxygen % | Y                                      | N                        | Other ppm (insert type)      | Y                           | N     |                          |                          |
|                                                                                                                                                                                                     |      | Safe?                             | <input type="checkbox"/> | <input type="checkbox"/> |          | Safe?                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                             | Safe? | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                     |      | Safe?                             | <input type="checkbox"/> | <input type="checkbox"/> |          | Safe?                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                             | Safe? | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                     |      | Safe?                             | <input type="checkbox"/> | <input type="checkbox"/> |          | Safe?                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                             | Safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| I hereby confirm that all appropriate measurements have been taken with the suitably calibrated equipment and that all atmospheric conditions are safe for a workforce to enter the confined space. |      |                                   |                          |                          |          | Approved Gas Tester's Name:            |                          |                              |                             |       |                          |                          |
| The conditions for entry are identified and listed in section 3                                                                                                                                     |      |                                   |                          |                          |          | Approved Gas Tester's Signature:       |                          |                              |                             |       |                          |                          |
|                                                                                                                                                                                                     |      |                                   |                          |                          |          | With supplied air breathing apparatus? |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |                          |                          |
|                                                                                                                                                                                                     |      |                                   |                          |                          |          | Without respiratory protection?        |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |                          |                          |
|                                                                                                                                                                                                     |      |                                   |                          |                          |          | With escape unit                       |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |                          |                          |
| Supervisor (Permit Holder) Sign Off                                                                                                                                                                 |      |                                   |                          |                          |          |                                        |                          |                              |                             |       |                          |                          |
| I hereby confirm that all controls are in place and every one that will be working in the confined space is aware of the requirements of this permit before entering the confined space.            |      |                                   |                          |                          |          | Supervisor's Name:                     |                          |                              |                             |       |                          |                          |
|                                                                                                                                                                                                     |      |                                   |                          |                          |          | Supervisor's Signature:                |                          |                              |                             |       |                          |                          |
| Permit Issuer Sign Off                                                                                                                                                                              |      |                                   |                          |                          |          |                                        |                          |                              |                             |       |                          |                          |
| I hereby confirm that all hazards have been duly assessed and all requirements will be met in order to enter and conduct work in the confined space without causing any harm to the Permit Users.   |      |                                   |                          |                          |          | Permit Issuer Name:                    |                          |                              |                             |       |                          |                          |
|                                                                                                                                                                                                     |      |                                   |                          |                          |          | Permit Issuer Signature:               |                          |                              |                             |       |                          |                          |
| Permit User(s) Sign on and Off                                                                                                                                                                      |      |                                   |                          |                          |          |                                        |                          |                              |                             |       |                          |                          |
| I hereby confirm that I understand the hazards and I will implement the controls associated with working in this confined space and that I have been formally trained to work in a confined space.  |      |                                   |                          |                          |          |                                        |                          |                              |                             |       |                          |                          |
| Name                                                                                                                                                                                                |      | Sign on (Signature / Date / Time) |                          |                          |          | Sign off (Signature / Date / Time)     |                          |                              |                             |       |                          |                          |
|                                                                                                                                                                                                     |      |                                   |                          |                          |          |                                        |                          |                              |                             |       |                          |                          |
|                                                                                                                                                                                                     |      |                                   |                          |                          |          |                                        |                          |                              |                             |       |                          |                          |
|                                                                                                                                                                                                     |      |                                   |                          |                          |          |                                        |                          |                              |                             |       |                          |                          |
| Supervisor (Permit Holder) Close Out Sign Off                                                                                                                                                       |      |                                   |                          |                          |          |                                        |                          |                              |                             |       |                          |                          |
| I hereby confirm that all personnel and equipment have been removed from the confined space and that the confined space have been secured to prevent any unlawful entry.                            |      |                                   |                          |                          |          | Supervisor's Name:                     |                          |                              |                             |       |                          |                          |
|                                                                                                                                                                                                     |      |                                   |                          |                          |          | Supervisor's Signature:                |                          |                              |                             |       |                          |                          |