LAUNCESTON

AIRPORT

Permit to Work (PTW)

Permit to Work ID Number	PTW		/			
Person in Charge of Conducting Works Name Contact Numbe		that is Engaging Works (Point of Co Name Contact Num				
Location/Work Site & Brief Description/Scope of Proposed Work (Attach Location Map and any Additional Details if Required to Clarify Scope)						
Permit Conditions: (to include any safety includi	ing public safety or	environmen	tal impact			
requirements)						
All works must be done in accordance with: • Launceston Airport Works Manual March 2022 (available @ Provide a Safe Workplace for all Users - Launceston Airport). • APAC Minimum Safety requirements. • Launceston Airport Environmental Management Plan 2022.						
Requested/Planned Date and Duration of Works	Date:	Durat	ion:			
NOTE: ALL works within an Aerodrome Testing Area are considered Safety Sensitive Aviation Activities (SSAA) & must follow Launceston Airports Drug and Alcohol Awareness Policy (DAMP). Individuals working under a VIC Pass (Visitor Pass) who are reasonably likely to perform SSAA works at least 2 or more times within a 90-day period, must undertake DAMP testing at Launceston Airports nominated, CASA approved service provider.						
☐ Minor Works: No permit required.						
Is this permit considered Minor Works: definition in APAL-SWP-001 Safe Works permit procedure. (i.e., The work involves scheduled works for servicing and maintenance. Have you given APAL 24 hours' notice)?						
Risk management Process: Step by Step – Identify hazards, Assess the risks, Control the risks, Review control measures						
Key questions and Hazards identified for the task	Key Controls and no	otifications				
□Work impacting upon aircraft operations?	☐Head of Airport Op	erations and As	ssets Approval			
□Working in a security Restricted Areas?	□Works Safety Officer (Airside) Implement APAL approved security protocols. □DAMP □NOTAM					
☐ Is the work likely to impact upon Air Services Assets?	□Air Services Authority Engage with ASA representatives					

□Energy sources to be isolated?

☐ Work in Confined Space?

☐ Electrical Work required?

☐ Plumbing Works required?

☐ Hot Works required?

□Excavation required?

 \square Crane use or any potential to infringe the OLS?

☐ Penetrations through walls/floors/ceilings required?

 \square NOTAM

□Plant Isolation relevant permit for Isolation

□Crane/Boom Authority - 48 Hours' notice

□Concealed Services Authority - 48 Hours' notice

□Concealed Services Authority - 48 Hours' notice

□Confined Space Authority

□Electrical Works Authority

□Plumbing Work Authority

☐Hot Work Authority

□Work in ceiling/roof or restricted space?	□Risk Assessment /JSA
□Work involves High-Risk Task? Work at height	□Working at heights - Prepare SWMS
☐ Work involves Hazardous Substances or chemicals?	□Risk Assessment / provide SDS, chemical risk register.
	☐ Hazardous Substance Register and Asbestos register
☐ Fire Detection Isolations	□Fire Isolation works permit - 48 Hours' Notice
□Potential to impact other tenants or residents?	□Risk Assessment and/or SOP - APAL approved.
(I.e. Vapours, mists, fumes, noise, obstruction, dust etc.)	
☐Work impacting upon the public or upon public spaces?	□Risk Assessment and/or SOP - APAL approved.
□Project works – included new construction and	□ABC permit or exemption
refurbishment works.	□Project Management Plan.
☐Works impacting on the Environment:	□Risk Assessment and/or CEMP

Approval and Agreement: Have the relevant Operations Managers being consulted: I acknowledge that the work risks, controls, scheduling, conditions, and authorisations are acceptable.					
Note: (APAL Authorised Issuing Officers – Planning and Development Manager-Project Managers and					
Operational Team Managers or delegates)					
Person that is Engaging Works (PEW)	Name	Signed	Date		
Authorised Issuing Officer (AIO) (Review of Tenant Initiated works.)	Name	Signed	Date		
Manager Aviation Operations & Compliance or Delegate (for Airside Works /Crane Boom Authority)	Name	Signed	Date		
Person in Charge of Works (PIC)	Name	Signed	Date		

Work party - tracking & acrequired)	cknowledgement	(Use APAL	-SW	/P-008 w	here add	ditional sign c	n/off is	
Safety Observer SO /Work Safety Officers WSO (if required) - tracking & acknowledgement								
Name (print)	Contact No.	Sign on			Sign off			
		Signature		Time	Date	Signature	Time	Date
Sign off - Hand back		Date:			Time:			
☐The work area has been left in a safe and operable condition and all other risk control permits have been closed.		Person in Charge of Works		Signature				
☐ All work has been completed as requested, all permits returned and closed, and all relevant supportive documentation received.		Αι	ıthorised	Issuing Officer	Signature			

Project works – may include the use of all permits and authorities to work.

Contractor Checklists, SWMS, CEMP, SMP, Permit Authorities.

Work impacting upon the public or upon public spaces (i.e. roads, walkways, carparks, entries, exits, etc.)

Works impacting on the Environment: (flora, and fauna, generating waste, noise) within/adjacent to open swale drains APAL to approve in consult with Environment and Sustainability Officer – Melbourne