ACCESS REQUEST PERMIT
To be completed for all instances of contractor works requiring:
ACCESS / HOT WORKS / FIRE SYSTEM / ISOLATION & IMPAIRMENT

Requesting Party to complete BLUE Sections:

Requested access:				**Permits Required (Y/N):**	
Base Building Access:	☐	Tenancy access:	☐	**Isolation:**	No
Access to Electrical Riser:	☐	Access to Hydraulics Riser:	☐	**Hot Works:**	No
Access to Mechanical plant room areas:	☐	Issue of Keys/passes:	☐	**Working at Heights:**	No
Isolation of Smoke Detectors/Fire Alarm System:	☐	Isolation/Drain Down a section of the Fire Sprinkler System/Hydrant System:	☐	**Roof Access:**	No
Additional Access Request:				**Confined Spaces:**	No
				Penetration Core Holing Permit:	No

Date of application:		Level(s):	
Date of proposed works:	(first day)	Company:	
Duration of works:	(hours)	Contractor Name:	
Additional dates:		Onsite Contact #:	
Do the proposed works involve opening of new or existing penetrations in the riser:		No	
Do the proposed works involve "HOT WORKS" within the riser:		No	
Details of works and access requirements:			

Contractor Declaration

I confirm that I have completed the Walker site inductions and have read and understood the relevant sections of the Precinct fit out guide. I am aware of the responsibilities regarding Control of Works, Access, Hot Works and Fire Systems Isolation.
I will ensure that the works described in this form are conducted in strict accordance with the requirements thereof and other conditions of this form.

Contract Representative Name:	*Signature:*	*Date:*

Tenant/Head Contractor Declaration: (if required)

As the responsible authority of my Business, I hereby accept responsibility for the actions of the persons/contractors/company for which we are applying for access/isolations/works approval and agree that as the responsible authority we are bound by the conditions detailed in the Precinct Fit out Guidelines.

Tenant Authorised Representative Name:	*Signature:*	*Date:*

Walker Asset Management Authorisation:

Walker Asset Management is aware of the requirements of the requested works and authorises Security to provide access in accordance with the detail provided in this form.

Walker Asset Management Representative:	*Signature:*	*Date:*

Please ensure you return this completed form to Walker Asset Management at least 24 hours in advance of any works