



Permit to Work Guidelines

CONTRACTOR MANAGEMENT

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Introduction

In a commitment to safety and regulatory compliance, this permit guideline document outlines the critical procedures for obtaining and executing "Permit to Work" within our commercial precincts. These permits are mandated for activities assessed to have moderate to extreme risk potential. The following framework establishes the purpose and scope of this guideline:

Purpose:

The purpose of this guideline is to ensure the safety and well-being of all individuals engaged in commercial building activities while protecting the structural integrity of our facilities. It outlines the meticulous process for obtaining and adhering to "Permit to Work" and serves as a comprehensive reference for contractors, principal contractors, and all stakeholders involved in high-risk activities within our commercial spaces.

Scope:

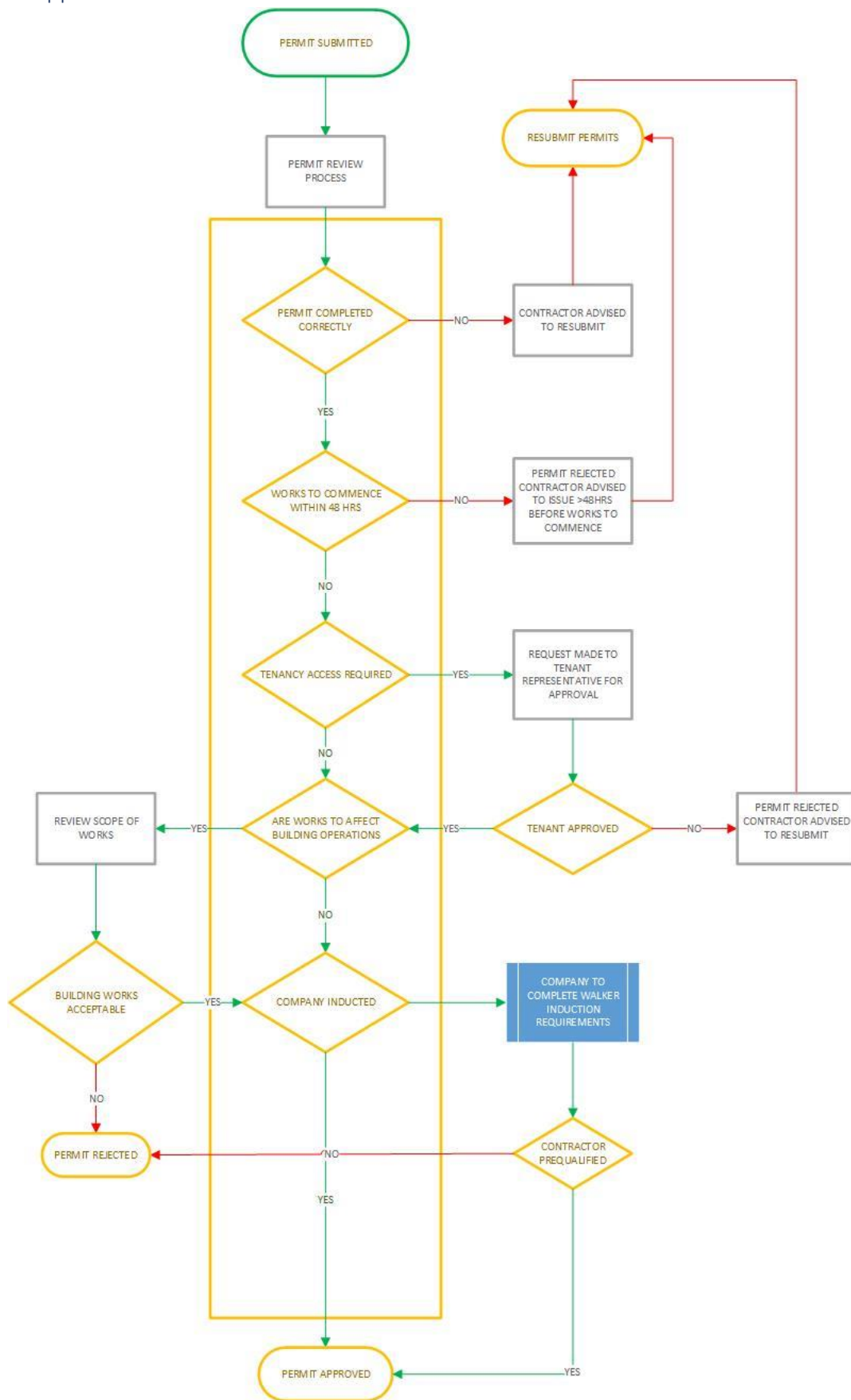
This guideline applies to all high-risk work categorised as building impact activities. A "Permit to Work" is required for each of the following processes:

- **Hot Works:** Any task involving open flames, sparks, or heat-producing equipment.
- **Isolation (Electrical/Fire Services / Hydraulics):** Any procedure necessitating the disconnection of electrical, hydraulic or fire services.
- **Working at Heights:** Activities conducted at elevated positions that demand careful consideration of safety measures.
- **Building Maintenance Unit:** Any tasks involving the operation of a building maintenance unit.
- **Roof Access:** Accessing and working on building roofs, including rooftop installations and maintenance.
- **Core Hole / Chasing:** Drilling, coring, or chasing work impacting structural components.
- **Confined Spaces:** Entry and work within confined spaces, such as tanks, vessels, and enclosed areas.
- **Elevated Work Platform (EWP):** Utilisation of elevated work platforms for various purposes, including maintenance and construction tasks.

This guideline specifies that all "Permit to Work" must be meticulously completed and submitted for review and approval. For certain high-risk activities, the responsibility lies with the contractor, who must seek approval through Walker Management. A minimum of 48 hours' notice is required to facilitate this process. If the principal contractor's permit does not align with Walkers stringent safety requirements, a Walker-specific permit must be completed.

By adhering to this guideline, we ensure that all high-risk activities are conducted with the utmost care and consideration for safety, regulatory compliance, and the preservation of our commercial infrastructure. Together, we establish a secure and productive environment for all stakeholders involved in Walker precincts.

Walker Approval Process



Access Request Permit

Purpose:

Submitting an Access Request Permit to Walker Asset Services is mandatory for any site access requests that do not align with the predefined contractual maintenance work. For instance, a mechanical contractor operating under a maintenance agreement with Walker is exempt from this requirement when conducting tasks as per the contract specifications. However, if the same contractor needs access for activities outside this scope, they must obtain a permit.

This form must be completed by all external parties not engaged under a contract, such as tenant contractors working within tenancies, commercial or retail entities, contractors conducting meter readings, or inspections on services. It encompasses requests to access base build areas outside regular operating hours and gaining entry to tenancies during non-standard hours.

Guidelines:

Clearly specify the exact location for which access is sought.

In the case of tenancy access, either provide proof of approval or be prepared to seek approval, which may extend the permit approval process.

Verify that access or works will not cause disruptions to occupants.

Ensure that access aligns with site access requirements; request the relevant criteria from precinct management.

How to Completed:

Blue section: The contractor is responsible for filling in all applicable areas. If your request necessitates a secondary permit, such as for hot works, ensure that this permit is also completed and submitted simultaneously to avoid delays.

Yellow Section: The Declaration in the yellow section must be signed by the contractor submitting the form; an unsigned form will not be processed.

Orange Section: Upon reviewing the permit, Walker management will sign the form if approved and return it to the requester. This form is only valid for the approved date and if this expires a new form is required to be submitted.

Applicable Document:

Access Request Permit – Appendix 1

Fire System Isolation permit

Purpose:

A Fire System Isolation Permit is necessary when temporarily disabling or isolating fire protection and detection systems.

All contractors, without exception, are obligated to submit this permit to the Facilities management team for thorough review and approval before commencing any work.

This form must be completed without regard to any existing contractual arrangement. The reason for this requirement is that fire isolations are categorised as high risk works and with potential building-wide implications. Therefore, an independent review is mandated to ascertain that the works will not adversely affect business operations.

Guidelines:

Identify the specific components of the fire system to be isolated.

Notify relevant authorities and building occupants.

Implement temporary fire protection measures.

Provide a timeline for the isolation and reconnection.

Conduct system testing before and after isolation.

Ensure qualified personnel perform the work.

Ensure a competent person remains in the fire control room whilst the system is isolated.

If longer than 8 hours ensure compliance manager has been advised.

How to complete:

Green Section: The contractor is responsible for filling in all applicable areas. The contractor holds the responsibility of identifying all systems that will be isolated and all services that will be affected, failure to provide this information will result in a delay of approval. If your request necessitates a secondary permit, such as roof access permit, ensure that this permit is also completed and submitted simultaneously to avoid delays.

Either Wet or Dry system can only be isolated at any one time, if works required the isolation of both systems a further independent review is required by the site facilities manager and further requirements may be required to be implemented before approval may be granted.

Blue Section: Upon completion of works the contractor authorised (Base Build Security or Fire contractor) to operate the fire panel is required to complete the blue section and submit to the Facilities management team.

Yellow Section: Walker management will assess and revise the applicable green sections, and they will provide notification regarding the approval or rejection of the permit. Should the isolation require longer than 8 hours the Walker insurance manager Joey.Leong@walkercorp.com.au is to be notified. This form is only valid for the approved date and if this expires a new form is required to be submitted.

Applicable Document:

Fire System Isolation Permit – Appendix 2

Electrical Isolation Permit

Purpose:

An Electrical Isolation Permit is required when isolating or de-energizing electrical systems for maintenance or repairs.

All contractors, without exception, are obligated to submit this permit to the Facilities management team for thorough review and approval before commencing any work.

This form must be completed without regard to any existing contractual arrangement. The reason for this requirement is that electrical works are categorised as high risk works and with potential building-wide implications. Therefore, an independent review is mandated to ascertain that the works will not adversely affect business operations.

Guidelines:

Identify the electrical circuits or equipment to be isolated.

Ensure proper lockout/tagout procedures are followed.

Conduct voltage testing to confirm de-energization.

Provide details of isolation points and safety barriers.

Specify qualified personnel to perform the isolation.

Conduct pre-work and post-work inspections.

How to complete:

Green Section: The contractor is responsible for filling in all applicable areas. The location and board being shut down needs to be clearly identified and services being affected by this shutdown need to be identified. Failure to provide this information will result in a delay of approval.

The contractor holds the responsibility of identifying and isolating all potential hazards in the work area before commencing any work. Furthermore, they must ensure that all safety measures outlined in the submitted SWMS are fully implemented, and the permit is duly signed before proceeding.

Blue Section: Upon completion of works the contractor is required to complete the blue section and submit to the Facilities management team.

Yellow Section: Walker management will assess and revise the applicable green sections, and they will provide notification regarding the approval or rejection of the permit. This form is only valid for the approved date and if this expires a new form is required to be submitted.

Applicable Document:

Electrical Isolation Permit – Appendix 3

Services Isolations

Purpose:

A Services Isolations Permit is necessary when the isolation or disconnection of utility services, like water or gas, is needed for maintenance or repair purposes. All contractors, without exception, are obligated to submit this permit to the Facilities management team for thorough review and approval before commencing any work.

This form must be completed without regard to any existing contractual arrangement. The reason for this requirement is that isolating these services is categorized as work with potential building-wide implications. Therefore, an independent review is mandated to ascertain that the isolations will not adversely affect business operations.

Guidelines:

Identify the specific services to be isolated.

Provide a detailed isolation plan, including the location of shut-off valves or disconnect points.

Confirm that the isolation will not disrupt essential services for occupants.

Conduct a safety briefing for personnel involved in the isolation.

Clearly define responsibilities for isolations and reconnections.

Ensure proper labelling of isolation points.

Periodically review and update the permit as necessary.

How to complete:

Green section: The contractor is responsible for filling in all applicable areas. If your request necessitates a secondary permit, such as hot works permit, ensure that this permit is also completed and submitted simultaneously to avoid delays.

Blue Section: Following the completion of the tasks and the reinstatement of the services, please finalise this section and return it to the Facilities Management team.

Yellow Section: Upon reviewing the permit, Walker management will sign the form if approved and return it to the requester. Walker management is also required to sign off once the works have been completed. This form is only valid for the approved date and if this expires a new form is required to be submitted.

Applicable Document:

Services Isolation Permit – Appendix 4

Concrete Cutting and Coring Permit

Purpose:

A permit for Concrete Cutting and Coring is essential for any task that entails cutting, drilling, or coring concrete or other structural materials. Before commencing such work, it is mandatory to submit all relevant plans. Additionally, an independent review from the precinct's structural engineer must be included. The utilisation of an alternative structural engineer will be subject to approval by Walker management and must be sanctioned before engagement. Works are not to proceed until engineering sign off has been endorsed by Walker management.

Guidelines:

Specify the location, extent, and purpose of the work.

Identify potential hazards and safety precautions.

Provide details about equipment to be used and their safety features.

Schedule the work to minimise disruption to building occupants.

Ensure proper ventilation and dust control measures.

Conduct pre- and post-work inspections for structural integrity.

Require trained personnel with appropriate personal protective equipment (PPE).

How to complete:

This is a multistage permit,

Green Section:

Section 1 – Core Holing the contractor must fill in the applicable sections related to the current works. In addition, all pertinent documentation, including engineering certifications, slab scans, and proposed drawings, must be attached for assessment. Prior to submitting the documentation, it is essential to sign the form.

Section 2 – Chasing the contractor must fill in the applicable sections related to the current works. In addition, all pertinent documentation, including engineering certifications, slab scans, and proposed drawings, must be attached for assessment. Prior to submitting the documentation, it is essential to sign the form.

Yellow Section:

Walker management will assess and revise the applicable green sections, and they will provide notification regarding the approval or rejection of the permit. This form is only valid for the approved date and if this expires a new form is required to be submitted.

Applicable Document:

Core Holing / Chasing Permit – Appendix 5

Hot Works Permit

Purpose:

A Hot Works Permit is essential when performing tasks that involve open flames, welding, soldering, or any heat-producing activities.

All contractors, without exception, are obligated to submit this permit to the Facilities management team for thorough review and approval before commencing any work.

This form must be completed without regard to any existing contractual arrangement. The reason for this requirement is that hot works may require the isolation of other services and is categorised as work with potential building-wide implications. Therefore, an independent review is mandated to ascertain that the works and subsequent isolations will not adversely affect business operations.

Guidelines:

Designate a designated work area and fire watch personnel.

Identify potential fire hazards and flammable materials in the vicinity.

Implement fire prevention measures, such as fire blankets and extinguishers.

Ensure proper ventilation to control fumes and smoke.

Schedule hot works during non-business hours when possible.

Conduct safety briefings and confirm that personnel are trained for hot work safety.

How to complete:

Green section: The contractor is responsible for filling in all applicable areas. If your request necessitates a secondary permit, such as fire systems isolation permit, ensure that this permit is also completed and submitted simultaneously to avoid delays.

Blue Section: Following the completion of the tasks and the required fire watch, please finalise this section and return it to the Facilities Management team.

Yellow Section: Upon reviewing the permit, Walker management will sign the form if approved and return it to the requester. Walker management is also required to sign off once the works have been completed. This form is only valid for the approved date and if this expires a new form is required to be submitted.

Applicable Document:

Hot Works Permit – Appendix 6

Confined Spaces Permit

Purpose:

A Confined Spaces Permit is necessary for entry into confined spaces, which can be hazardous due to restricted entry and exit, atmospheric conditions, or other dangers.

All contractors, without exception, are obligated to submit this permit to the Facilities management team for thorough review and approval before commencing any work.

This form must be completed without regard to any existing contractual arrangement. The reason for this requirement is that works in confined spaces are categorised as high risk works and with potential building-wide implications. Therefore, an independent review is mandated to ascertain that the works will not adversely affect business operations.

Guidelines:

Identify and assess the confined space, including potential hazards. *Review Appendix A of Precincts confined spaces assessment.*

Ensure adequate ventilation and atmospheric testing.

Use appropriate personal protective equipment (PPE).

Develop rescue and communication plans.

Train personnel on confined space entry procedures.

Monitor and continuously evaluate conditions within the confined space.

How to complete:

A confined spaces permit and risk assessment that meets national and / or state legislation must be completed and submitted by a competent person for approval by Walker management.

Roof access permit

Purpose:

A Roof Access Permit is required when accessing the roof of a building for maintenance, inspections, or events. Access is not permitted within 2m of the edge.

All contractors, without exception, are obligated to submit this permit to the Facilities management team for thorough review and approval before commencing any work.

This form must be completed without regard to any existing contractual arrangement. The reason for this requirement is that access to the roof is categorised as high-risk location and with potential building-wide implications. Therefore, an independent review is mandated to ascertain that the works will not adversely affect business operations.

Guidelines:

Complete all details in green section of permit,

Specify in detail the purpose and duration of roof access,

Ensure all contractors have the appropriate training and licenses for the specific task,

Ensure safety measures are implemented,

Define responsibilities for roof access supervision,

Conduct safety briefings for personnel,

Identify potential hazards on the roof,

Upon completion ensure blue section is completed by security.

How to complete:

Green section: The contractor is responsible for filling in all applicable areas, including all safety measures outlined in the submitted SWMS are fully implemented. If your request necessitates a secondary permit, such as working at heights permit, ensure that this permit is also completed and submitted simultaneously to avoid delays.

Blue Section: Following the completion of the tasks onsite security are to review the roof area, this section is to be completed by the security supervisor and returned to the Facilities Management team.

Yellow Section: Upon reviewing the permit, Walker management will sign the form if approved and return it to the requester, this form is only valid for the approved date and if this expires a new form is required to be submitted.

Applicable Document:

Roof Access Permit – Appendix 7

Working at Heights

Purpose:

A Working at Heights Permit is essential when working at elevated locations, such as roofs within 2m of an edge, elevated working platforms, ladders, scaffolding or high-rise structures.

All contractors, without exception, are obligated to submit this permit to the Facilities management team for thorough review and approval before commencing any work.

This form must be completed without regard to any existing contractual arrangement. The reason for this requirement is that working at heights is categorised as high risk works and with potential building-wide implications. Therefore, an independent review is mandated to ascertain that the works will not adversely affect business operations.

Guidelines:

Conduct a risk assessment for working at heights.

Identify fall hazards and implement fall protection measures.

Require personnel to use appropriate fall arrest systems.

Ensure the use of safety barriers and guardrails.

Define responsibilities for site supervision and safety oversight.

Periodically review and update the permit as needed.

How to complete:

Dark Green Section: The contractor is responsible for filling in all applicable areas. If your request necessitates a secondary permit, such as roof access permit, ensure that this permit is also completed and submitted simultaneously to avoid delays.

Green Section: The contractor holds the responsibility of identifying and isolating all potential hazards in the work area before commencing any work. Furthermore, they must ensure that all safety measures outlined in the submitted SWMS are fully implemented, and the permit is duly signed before proceeding.

Blue Section: Upon completion of works the contractor is required to complete the blue section and submit to the Facilities management team.

Yellow Section: Walker management will assess and revise the applicable green sections, and they will provide notification regarding the approval or rejection of the permit. This form is only valid for the approved date and if this expires a new form is required to be submitted.

Applicable Document:

Working at Heights Permit – Appendix 8

BMU (Building Maintenance Unit) Access Permit:

Purpose: A BMU Operational Permit is necessary for operating rooftop maintenance equipment.

All contractors, without exception, are obligated to submit this permit to the Facilities management team for thorough review and approval before commencing any work.

This form must be completed without regard to any existing contractual arrangement. The reason for this requirement is that works in a Building Maintenance Unit is categorised as high risk works and with potential building-wide implications. Therefore, an independent review is mandated to ascertain that the works will not adversely affect business operations.

Guidelines:

Specify the type and operation of the BMU.

Ensure the maintenance personnel are trained in BMU operation.

Conduct pre-operational safety checks.

Define safety procedures and equipment inspections.

Implement a rescue plan for BMU operators in case of emergencies.

How to complete:

Green Section: The contractor holds the responsibility of ensuring all staff involved in the operation are qualified and trained, the contractor is also to ensure the weather on the day of operation is within safe operation limits. Furthermore, they must ensure that all safety measures outlined in the submitted SWMS are fully implemented.

Blue Section: Upon completion of works the contractor is required to complete the blue section and submit to the Facilities management team.

Yellow Section: Walker management will assess and revise the applicable green sections, and they will provide notification regarding the approval or rejection of the permit. This form is only valid for the approved date and if this expires a new form is required to be submitted.

Applicable Document:

BMU Access Permit – Appendix 9

BMU (Building Maintenance Unit) Pre/Post Operation Inspection Checklist:

Purpose:

Before using any building maintenance unit (BMU), a pre-operation inspection must be completed to ensure the unit is functioning correctly and is safe for use. The inspection consists of a visual inspection and functional test. This must be undertaken by the Contractors undertaking to use the BMU. All such persons must hold a valid induction registration.

Once an operator has completed using a BMU, a post-operation inspection must be completed to ensure the unit has been properly shut down and secured. The operator is to ensure that the checklist is completed prior to completing the sign out process with Security.

Security will undertake their own inspection to confirm.

Guidelines:

Identify any issues with the unit before use.

Ensure all safety systems are checked.

Ensure BMU is shut down and stored correctly after use.

How to complete:

Yellow Section: The contractor is to complete all relevant details.

Green Section: The contractor is responsible for check all inspection items and making comments where necessary.

Blue Section: Upon completion of the inspection the contractor is required to sign the form and return to Walker Facilities management

Applicable Document:

BMU Inspection Checklist – Appendix 10

Appendix 1 – Access Request Permit

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: <input type="checkbox"/>	Tenancy access: <input type="checkbox"/>	Isolation: No	
Access to Electrical Riser: <input type="checkbox"/>	Access to Hydraulics Riser: <input type="checkbox"/>	Hot Works: No	
Access to Mechanical plant room areas: <input type="checkbox"/>	Issue of Keys/passes: <input type="checkbox"/>	Working at Heights: No	
Isolation of Smoke Detectors/Fire Alarm System: <input type="checkbox"/>	Isolation/Drain Down a section of the Fire Sprinkler System/Hydrant System: <input type="checkbox"/>	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

Document Owned by: Walker Asset Services
 Document Maintained by: Nathan BALZAN
 Last Revised Date: 04/10/2023
 Version: 1.02
 Document Number: Access Request Permit

Bankstown City Campus: facilities@wsbcc.com.au
 Collins Square: facilities@collinssquare.com.au
 Festival Plaza: facilities@festivalplaza.com.au
 Parramatta Square: facilities@psq.com.au



Appendix 2 – Fire System Isolation Permit



FIRE SYSTEM ISOLATION FORM

Green section to be completed by the party requesting isolations.

Requestor: _____ Submission Date: _____
 Company: _____ Phone: _____
 Location of works: _____ Level(s): _____

Date(s) of Isolation:

Time of Isolation:

Time of De-Isolation:

Reason for Isolation: Select

Hot Works Select ASE Isolation: Select

Device(s) Requiring Isolation: **Wet** Sprinklers Flow Switch Detector Thermal Detector **Dry** EWIS
 Hydrants VMD Beam Detector VESDA Other

Other Details:

Fire Brigade Notified?	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Managers and/or Supervisors of impaired areas notified?	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the impaired areas monitored by a heat/smoke detection system?	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are additional extinguishers available in the impaired area?	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is hydrant/hose reel systems operational in the impaired area?	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are additional security patrols or a fire watch in place?	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have hazardous operations such as hot works been discontinued?	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signature: _____

Document Owned by: Walker Asset Services
 Document Maintained by: Nathan BALZAN
 Last Revised Date: 04/10/2023
 Version: 1.02
 Document Number: Fire Systems Isolation Permit

Bankstown City Campus: facilities@wsbcc.com.au
 Collins Square: facilities@collinssquare.com.au
 Festival Plaza: facilities@festivalplaza.com.au
 Parramatta Square: facilities@psq.com.au





FIRE SYSTEM ISOLATION FORM

<i>Yellow Section to be completed by Walker Asset Management</i>			
Isolation for longer than 8 hours?	<input type="text"/>	Insurance Manager Notified?	<input type="text"/>
Authorising Person:	<input type="text"/>	Position:	<input type="text"/>
Date:	<input type="text"/>	Phone:	<input type="text"/>
Signature: <input type="text"/>			
<i>Blue Section to be completed by party completing the isolations</i>			
Equipment Isolated:	<input type="text"/>		
Person Isolating:	<input type="text"/>	Phone:	<input type="text"/>
Date of Isolation:	<input type="text"/>	Time of Isolation:	<input type="text"/>
Signature: <input type="text"/>			
Person de-isolating	<input type="text"/>	Phone:	<input type="text"/>
Date of De-isolation:	<input type="text"/>	Time of De-isolation:	<input type="text"/>
Signature: <input type="text"/>			

Please return completed form to the Walker Facilities Management Team.

Document Owned by: Walker Asset Services
 Document Maintained by: Nathan BALZAN
 Last Revised Date: 04/10/2023
 Version: 1.02
 Document Number: Fire Systems Isolation Permit

Bankstown City Campus: facilities@wsubcc.com.au
 Collins Square: facilities@collinssquare.com.au
 Festival Plaza: facilities@festivalplaza.com.au
 Parramatta Square: facilities@psq.com.au



Appendix 3 – Electrical Isolation Permit



ELECTRICAL ISOLATION FORM

Green section to be completed by the party undertaking isolations.

Contractor (Name):	Contractor (Company):
Contractor (Mobile):	
Location:	Board Designation:
Circuit Number:	Circuit Name:
Reason for Isolation:	Period of Isolation:
Date(s) of Isolation:	Time of Isolation:
Day(s) of Isolation:	Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>
Other Details:	
Contractor Signature:	

Yellow Section to be completed by Walker Asset Management

Authorising person:	Position: Select
Date:	Phone:
Signature:	

Blue Section to be completed by party undertaking the Re-instatement

Date:	Time:
Danger Removed: Select	Safe to Re-instate? Select
Contractor Signature:	
Authorising Person Signature:	

Please return completed form to the Walker Asset Facilities Team.

Document Owned by: Walker Asset Services
 Document Maintained by: Nathan BALZAN
 Last Revised Date: 04/10/2023
 Version: 1.02
 Document Number: Electrical Isolation Permit

Bankstown City Campus: facilities@wsbcc.com.au
 Collins Square: facilities@collinssquare.com.au
 Festival Plaza: facilities@festivalplaza.com.au
 Parramatta Square: facilities@psq.com.au



Appendix 4 – Services Isolation Permit



SERVICES ISOLATION FORM

Green section to be completed by the party undertaking isolations.

Contractor (Name): _____ Contractor (Company): _____

Contractor (Mobile): _____

Location: _____

Services to be isolated: _____

Reason for Isolation: _____ Period of Isolation: _____

Date(s) of Isolation: _____ Time of Isolation: _____

Day(s) of Isolation: Mon Tue Wed Thu Fri Sat Sun

Other Details: _____

Contractor Signature: _____

Yellow Section to be completed by Walker Asset Management

Authorising person: _____ Position: Select _____

Date: _____ Phone: _____

Signature: _____

Blue Section to be completed by party undertaking the Re-instatement

Date: _____ Time: _____

Works Completed: Select _____ **Services Reinstated?** Select _____

Contractor Signature: _____

Authorising Person Signature: _____

Please return completed form to the Walker Asset Facilities Team.

Document Owned by: Walker Asset Services
 Document Maintained by: Nathan BALZAN
 Last Revised Date: 26/10/2023
 Version: 1.00
 Document Number: Services Isolation Permit

Bankstown City Campus: facilities@wsubcc.com.au
 Collins Square: facilities@collinssquare.com.au
 Festival Plaza: facilities@festivalplaza.com.au
 Parramatta Square: facilities@psq.com.au



Appendix 5 – Concrete Cutting and Coring Permit



CORE HOLING / CHASING PERMIT

Core Holing Please complete section 1 with attached required documentation.

Chasing Please complete section 2 with attached required documentation.

Location:															
Section 1 - Core Holing															
Number of Core Holes:							<input type="checkbox"/>								
Size and dimension of proposed core hole(s):							<input type="checkbox"/>								
Dimensioned plan of location and proposed core holes attached:							<input type="checkbox"/>								
Approved by Walker Engineering:					Select		<input type="checkbox"/>								
Structural Engineer approval required:					Select		<input type="checkbox"/>								
Engineer certificate attached:					Select		<input type="checkbox"/>								
Slab X-ray required:					Select		<input type="checkbox"/>								
Section 2 - Chasing															
Size & Dimension of proposed Chase							<input type="checkbox"/>								
Dimensioned Plan with location of proposed trench attached?							<input type="checkbox"/>								
Approved by Walker Engineering?					Select		<input type="checkbox"/>								
Structural Engineer Approval Required?					Select		<input type="checkbox"/>								
Engineer certificate attached?					Select		<input type="checkbox"/>								
<p>The following must be adhered to when undertaking works:</p> <ul style="list-style-type: none"> - All water and concrete slurry is to be contained at all times and cleaned up on completion of works. - A pilot hole is to be drilled prior to core holing and the area immediately below the core holing site is to be identified and monitored at all times. - Upon completion of works the area in which the concrete holing has taken place a new fire seal must be installed - Certified by the Builders Fire Stopping Contractor. 															
<i>By signing the below you agree to comply with all applicable requirements listed above.</i>															
Responsible Party:				Company:											
Signature:				Date:											
<table border="0"> <tr> <td>Date (s) of work:</td> <td>Mon</td> <td>Tues</td> <td>Wed</td> <td>Thu</td> <td>Fri</td> <td>Sat</td> <td>Sun</td> </tr> </table>								Date (s) of work:	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Date (s) of work:	Mon	Tues	Wed	Thu	Fri	Sat	Sun								
<i>Walker Asset Management Approval</i>															
Authorising Person:					Position: Select										
Signature:					Date:										

Please return completed form to the Walker Facilities Management Team.

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Appendix 6– Hot Works Permit



HOT WORKS PERMIT

Green and Blue sections to be completed by the party requesting to undertake hot works.

Contractor (Name):		Contractor (Company):	
Contractor (Mobile):		Location:	
Description of Works			
Date(s) of Works:		Time of Works:	
Day(s) of Access:	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>
	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>
	Sun <input type="checkbox"/>		

Relevant Stakeholders advised of hot work occurring	Select	Confirm Fire Sprinklers are in service	Select
Area inspected for potential fire hazards by contractor	Select	Flashback arrestor installed & gas cylinders secured	Select
Additional extinguisher is provided	Select	Combustible materials have been removed from within a radius of 11metres	Select
All drains & ducts within 11 metres have been covered with fire resistant blankets	Select	Operator is trained to use fire extinguisher	Select
Hazardous materials, vapours or gases are not present	Select	Operator is aware of emergency procedures	Select
Are Fire System Isolations Required:	Select		

Signature:

Yellow Sections to be completed by Walker Asset Management

Authorising person:	Position: Select
Date:	Phone:
Access Approved from:	Until:
Isolation Form Required: Select	

Signature:

On completion of hot works:

De-Isolations completed (if required).	Select
Area monitored by contractor for 60 minutes after work is completed.	Select
Building management/tenant advised hot works have been completed.	Select

Signature:

Authorising person:	Date:
Signature:	

Please return completed form to the Walker Facilities Management Team.

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Appendix 7 – Roof Access Permit



ROOF ACCESS PERMIT

Green section to be completed by the party requesting access to a roof area.

Contractor (Name):	Contractor (Company):
Contractor (Mobile):	Location:
Reason for roof access:	
Date(s) of Access:	Time of Access:
Day(s) of Access: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	

Are you going within 2 metres of the edge? Abseiler not to proceed within 2m of edge without approved harness attachment to a certified fall arrest system.

Appropriate Insurance Certificates received (Public Liability and Workers Compensation)	Select
Appropriate Licences, Training or Qualifications for specific work tasks demonstrated	Select
Site Safety Induction completed	Select
Site-specific Safe Work Method Statement / Risk Assessment submitted	Select
Appropriate safety equipment (Including safety equipment inspection certificate) provided	Select
Operator to wear approved / tested safety harness	Select
Safe Work Method Statements given to Walker Asset Management	Select

Blue section to be completed by Security upon completion of access to a roof area.

Work area is left clean and tidy	Select
Gates / access doors to be locked to prevent unauthorised access	Select

Yellow Section to be completed by Walker Asset Management

Authorising person:	Position: Select
Date:	Phone:
Access Approved from:	Until:
Signature:	

Please return completed form to the Walker Facilities Management Team.

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Appendix 8 – Working at Heights Permit



WORKING AT HEIGHTS PERMIT

Green section to be completed by the party undertaking works at heights.

Contractor (Name):	Contractor (Company):
Contractor (Mobile):	Location:
Date(s) of Access:	Time of Access:
Day(s) of Access: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	
Description of Works:	

ISOLATION OF HAZARDS

Pipelines (water, steam, gas, fuel, etc)	Select
Mechanical and/or electrical drives	Select
Traffic flow in work area suspended or controlled	Select
Electrical services	Select
Air-conditioning and exhaust ducting	Select
Warning notices, locks or tags have been fixed to all means of isolation	Select
Other (specify):	

FALL PREVENTION MEASURES

Barriers or barricading of work platforms	Select
Use of fall prevention equipment	Select
Inertia reels or lifelines	Select

MEANS OF ACCESS TO WORK AT HEIGHTS

Scaffolding (type):

Height access or reach equipment (type):

Other (specify):

Signature:

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WORKING AT HEIGHTS PERMIT

<i>Blue section to be completed upon completion of works at height.</i>	
All personnel have been withdrawn from the work area	Select
All tools and equipment have been/not been removed from work area	Select
All work at heights has been completed/suspended	Select
Gates / access doors to be locked to prevent unauthorised access	Select
Work area is left clean and tidy	Select
Signature:	
<i>Yellow Section to be completed by Walker Asset Management</i>	
Authorising person:	Position:
Date:	Phone:
Is the relevant SWMS appended:	
Access Approved from:	Until:
Signature:	

Please return completed form to the Walker Facilities Management Team.

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Appendix 9 – BMU Access Permit



BMU ACCESS PERMIT

Green section to be completed by the party requesting access to a roof area.

Contractor (Name):	Contractor (Company):
Contractor (Mobile):	Location of works:
Facade	
Date(s) of Access:	Time of Access:
Day(s) of Access: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	
All operators have completed BMU training and hold a relevant Safe Work at Heights qualification as a minimum	Select
The supervisor will assess the weather conditions at time of operations via a hand-held anemometer at being less than 25km/hr.	Select
An exclusion zone will be set up below working area before commencement.	Select
Site-specific Safe Work Method Statement / Risk Assessment submitted	Select
Appropriate safety equipment (Including safety equipment inspection certificate) provided	Select
Ensure all loose items within the cradle have been secured via a rated lanyard to a fixed point.	Select
Pre- Operation inspection checklist to be completed prior to use.	Select

Blue section to be completed upon completion of access to a roof area.

Post – Operation inspection checklist completed.	Select
BMU parked in garage and roof secured.	Select

Yellow Section to be completed by Walker Asset Management

Authorising person:	Position: Select
Date:	Phone:
Access Approved from:	Until:
Signature:	

Please return completed form to the Walker Asset Services Team.

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 Document Number: BMU Permit
 Version: 1.02 : 26/10/2023

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Appendix 10 – BMU Inspection Checklist



BMU Pre-Operation Inspection Checklist

Before using any building maintenance unit (BMU), a pre-operation inspection must be completed to ensure the unit is functioning correctly and is safe for use. The inspection consists of a visual inspection and functional test. This must be undertaken by the Contractors undertaking to use the BMU. All such persons must hold a valid induction registration.

Operator:		Date:	
Company:		Contact #:	
Precinct:		Tower:	
BMU:			

Visual Inspection:	Pass/Fail/NA	Comment
General external condition		
Wire rope condition		
Check power lead condition, check to ensure test and tag is in date.		
Check condition of interior cradle, specifically that the cradle is clear of rubbish and that all equipment has been securely attached.		
BMU structurally sound		

Operational Inspection:	Pass/Fail/NA	Comment
All Emergency stops functioning		
Elevation of cradle		
Descent of cradle		
Elevation of winch (where applicable)		
Descent of winch (where applicable)		
Right traverse (where applicable)		
Left traverse (where applicable)		
Body right slew (where applicable)		
Body left slew (where applicable)		
Head right slew (where applicable)		
Head left slew (where applicable)		
Raise arm(s) (where applicable)		
Lower arm(s) (where applicable)		
Telescope out (where applicable)		
Telescope in (where applicable)		
No limit switch activation during test		
Communication system functioning		
Cradle trip bar functioning		
Interlocks in place & secure		
Harness connection points secure, tagged and certified.		
Suction cups present and functioning		
Check condition of cradle bump rollers		

Signature: _____

If the unit fails any of the tests **DO NOT USE** and Contact Walker Asset Management or Security.

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BMU Post -Operation Inspection Checklist

When an operator has completed using a BMU, a post-operation inspection must be completed to ensure the unit has been properly shut down and secured. The operator is to ensure that the checklist below is completed prior to completing the sign out process with Security.

Security will undertake their own inspection to confirm.

Inspection:	Pass/Fail/NA	Comment
BMU parked in garage/parking area		
Garage Door/Roof Secured (where applicable)		
Cradle landed and strapped to adjacent track/ground (where applicable). Ensure all rubbish has been removed.		
Emergency stop buttons engaged		
Local remote switch on roof car moved control panel, moved to the "Off" position		
Cradles not connected to a BMU securely stored in nominate storage location (where applicable)		
Power and comms Cables Disconnected (where applicable)		
Roof areas clear of debris and loose items that could be blown around in the wind (where applicable)		
No damage to BMU/cradle		
No damage to power/phone cables		
Any further comment on operational use for this session:		
Operator:		Date:
Company:		Contact #:

Signature: _____

Security Confirmation:

Security Officer:		Date:	
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Signature: _____

If any of the above fails any of the requirements Contact Walker Asset Management.

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