

Authority to Commence Work

Project Name Details:			
Project/Task Name:		Site Location:	
Contractor:		Contractor Representative:	
AMG Representative:		Work Order #	
Specific Location of Work:			
Description of Work:			

Potential Disruption Details	
Could these works disrupt Airport Activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the potential disruption?	<input type="checkbox"/> Vehicle Access <input type="checkbox"/> Pedestrians <input type="checkbox"/> Noise <input type="checkbox"/> Services <input type="checkbox"/> Fire <input type="checkbox"/> Evacuation <input type="checkbox"/> Vibration <input type="checkbox"/> Airport/Aircraft Operations
Are follow up actions documented and required to be implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person who will be responsible to review controls are implemented and are effective?	

Disruption Details	
Proposed Date of Works	
Duration of disruption/impact	
Impact during Disruption	

High Risk Work	
Are any of the following hazards involved in the works?	<input type="checkbox"/> Confined Spaces <input type="checkbox"/> Cranes <input type="checkbox"/> Excavation/Ground Disturbance <input type="checkbox"/> Fire Service Impairment <input type="checkbox"/> Hot Works <input type="checkbox"/> Services Isolation <input type="checkbox"/> Roof Access <input type="checkbox"/> Working at Heights <input type="checkbox"/> Access to Substation

Safe Work Method Statement has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Risk assessment has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contractor Submission			
Contractor Responsible for Works			
Email Address			
<i>I acknowledge I am the nominated person for the works and am responsible to ensure all required controls set out in the permit approval process are in place, effective and monitored throughout the works.</i>	<input type="checkbox"/>		
<i>I will ensure that all persons on my site will comply with all controls identified as part of the risk assessment and review/approval stage.</i>	<input type="checkbox"/>		
<i>I understand that there may be additional requirements as part of high-risk work permit approval, and will ensure all workers are aware, understand, and are signed on as part of my site induction process and prestart risk assessment.</i>	<input type="checkbox"/>		
<i>I will confirm and document that workers have been inducted, understand the safe work method statements/procedures, and have correct licenses/competencies for the task they undertake.</i>	<input type="checkbox"/>		
Completed By			
Name:		Signature:	
Position:		Date:	
AMG Approval			
Reviewed by: (Names)			
Approved by:		Date:	
Role:		Date/Time of Works:	
Comments:			