

10.2.WH.I.RC.Permit

Dust Work Permit

Permit number: _____

CONTRACTOR

PART 1 – CONTRACTOR’S ONSITE RESPONSIBLE PERSON FOR DUST WORK TO COMPLETE

This permit must be completed for all **dust work** associated with cleaning, maintenance, repair, improvement, demolition or construction that produces significant quantities of dust, airborne particles or steam, which could affect the building and its fire systems or have the potential to become a nuisance or hazard to the building occupants, visitors, contractors or general public (e.g. odours sucked into the air intake system/s). This permit is **NOT** for dust work created from hot work (hot work may involve grinding, welding, thermal or oxygen cutting or heating, and any other heat-producing or spark producing operation). The permit must be prominently **displayed** at the onsite work area and **returned** to the Brookfield Facilities Manager/Supervisor, or authorised representative on completion of work for **sign off** and filing.

Site name & address: _____

Name of "Contractor's onsite responsible person for dust work" (*first & last name*): _____

Phone number: _____

Business/company name performing the dust work (*"the Contractor"*): _____

Will hot work be undertaken?	Yes	No
------------------------------	-----	----

Dust work location (e.g. room, area): _____

Is a fire isolation / impairment needed or required?	Yes	No
--	-----	----

Brief description of the dust work (e.g. sanding of Gyprock plaster joints): _____

Will dust work be undertaken in a confined space?	Yes	No
---	-----	----

If fumes are produced, are control measures in place?	Yes	No
---	-----	----

NOTE: This Dust Work Permit is **valid for a MAXIMUM of 12 hours**. Additional workers to be added to the back page.

Number of workers:	Date permit is valid for:
--------------------	---------------------------

Permit start time:	Permit stop time (i.e. expiry time):
--------------------	--------------------------------------

STATEMENT BY THE "CONTRACTOR'S ONSITE RESPONSIBLE PERSON FOR DUST WORK"

I will implement the applicable precautions contained in Part 3 of this permit, and any other necessary precautions. I will ensure that all relevant parts of this permit are completed. I will inspect the worksite both prior to starting dust work and afterwards. I have undertaken a site specific risk assessment and confirm that I will implement the control measures necessary to ensure that it is safe for dust work to be carried out. I have consulted with the Brookfield Facilities Manager/Supervisor in this regard. I have arranged for Brookfield Commercial Operations to isolate (or impair) the relevant parts of the fire protection or detection system (e.g. smoke detectors), if required. I hereby confirm that all persons involved in the dust work that are managed or controlled by the Contractor are properly supervised and are competent to perform the work.

I will notify the Brookfield Facilities Manager/Supervisor or Brookfield's nominated representative when the fire isolation (or impairment) of the smoke detectors and other associated parts of the fire system can be de-isolated and/or restored to normal operation. Furthermore, I agree to remain onsite until such time as the fire protection/ detection system (e.g. smoke detectors, fire panel, VESDA) is restored to normal operation, and such normal operation is confirmed with me. Note: Any changes to this arrangement must be pre-arranged and agreed to in writing by the Brookfield Facilities Manager.

Name of "Contractor's onsite responsible person for dust work" (*first & last name*):

Signature:

Date:

Mobile number:

BROOKFIELD PROPERTIES

PART 2 – PERMIT AUTHORISATION

Dust work area has been inspected and the relevant parties/persons have been consulted. Dust work permit reviewed, authorised and issued by Brookfield Permit Issuer (a Brookfield Commercial Operations authorised staff member):

Permit number:

Name (*first & last*):

Signature:

Date / time:

CONTRACTOR

PART 3 – MUST BE COMPLETED BY THE “CONTRACTOR’S RESPONSIBLE PERSON FOR DUST WORK” PRIOR TO STARTING DUST WORK

Permit number: _____

Dust work is authorised to proceed subject to permit authorisation (sign off in Part 2), and subject to adhering with the aforementioned conditions (in Part 1), and subject to taking the precautions outlined below, unless it is not reasonably practicable to do so. **Check boxes are to be marked** accordingly by the Contractor **prior to undertaking dust work**. For each precaution, one of the two check boxes (i.e. “Yes” or “N/A”) is to be marked. It is the responsibility of the Contractor’s responsible person for dust work to ensure that adequate control measures are implemented to minimise the risk to health and safety and the risk of property damage. Work is **not to commence unless** each of the precautions below have been adequately addressed. If work is commenced and precautions have not been addressed and/or the check boxes have not been marked, the Contractor **will be in breach** of the conditions and other subject matters of this dust work permit.

Precautions taken

In the work area, has the smoke detection equipment (e.g. smoke detectors) been isolated?	Yes	N/A
Have smoke detection devices (e.g. smoke detectors) been suitably covered/ protected to prevent the entry of dust and/or other contaminants?	Yes	N/A
If dust work could become a nuisance and/or there are building air intake system/s present, has an impact minimisation plan been agreed?	Yes	N/A
Will dust extraction device/s, e.g. suitable vacuum cleaner/s, be used to minimise dust contamination?	Yes	N/A
Have all workers involved in dust work been fully briefed on the hazards and associated controls?	Yes	N/A
Has the work area/space been cordoned off and made dust proof to prevent adjacent areas/spaces becoming contaminated with dust?	Yes	N/A
For dust produced (e.g., airborne contaminants), or for any hazardous chemicals used, are MSDS/ SDS readily available?	Yes	N/A
Have adequate control measures been implemented (e.g. PPE use; area sealed off from adjacent areas)?	Yes	N/A

CONTRACTOR

PART 4 – AFTER COMPLETING DUST WORK – BROOKFIELD IS TO BE NOTIFIED OF COMPLETION OF DUST WORK AND THE PERMIT IS TO BE RETURNED TO BROOKFIELD

- (1) I acknowledge that the fire detection/protection system is not to be left isolated overnight.
- (2) I will promptly return this permit to the Brookfield Facilities Manager/Supervisor or nominated representative.
- (3) The dust work area is now safe and able to resume normal operation.
- (4) I will remain onsite until such time as the fire system (e.g. smoke detectors, fire panel, VESDA) is restored to normal operation, and such normal operation is confirmed with me. Note: Any changes to this arrangement must be pre-arranged and agreed to in writing with the Brookfield Facilities Manager.

The person notified that the fire system (e.g. smoke detectors) can be restored to normal operation:

Name: _____ Date / time: _____

Part 4 be completed by the "Contractor's onsite responsible person for dust work"

Name (first & last): _____

Signature: _____ Date: _____

Mobile: _____

BROOKFIELD PROPERTIES

PART 5 – DE-ISOLATING THE FIRE SYSTEM & FINALISING THE PERMIT

To be completed by the Brookfield Facilities Manager/Supervisor or nominated representative. Also, check that previous parts of this permit have been adequately completed.

FINAL CHECK: I confirm that: (1) Following completion of the dust work, smoke detectors and any other parts of the fire detection, protection system and equipment that were isolated for the purposes of the dust work have now been restored to normal operation. (2) The fire isolation register in the Fire Control Room has been completed, including the de-isolation. (3) The site is now safe and able to resume normal operation.

Name (first & last): _____

Signature: _____ Date / time: _____

ADDITIONAL WORKERS

Name (both first & last) of all operators and crew leader / supervisor	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	