

## 10.2.WH.I.RC.Permit

# Restricted Access Permit

Permit number: \_\_\_\_\_

### REQUESTOR

#### PART 1 – PERSON MAKING A "RESTRICTED ACCESS REQUEST"

Note: a minimum of **48 hours' notice** (excluding weekends and public holidays) is required. Requests not adhering to this notice period will NOT be approved.

Site address: \_\_\_\_\_

Expected start date: \_\_\_\_\_

Start time: \_\_\_\_\_

Level/s (where the restricted access is): \_\_\_\_\_

Expected finish date: \_\_\_\_\_

Finish time: \_\_\_\_\_

#### Who is making the restricted access request? ("the Requestor")

Name of the person making the work request ("the Requestor"): (first & last name) \_\_\_\_\_

Phone number: \_\_\_\_\_

Business/company of the Requestor: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Who is going to do the work? ("the Contractor")

Business/company name to undertake the work ("the Contractor"): \_\_\_\_\_

Phone number: \_\_\_\_\_

**The following workers of "the Contractor" will attend site to undertake the work in the restricted area.**

**Name of worker**

(first & last)

**Contact phone number**

**Signature**

1

2

3

4

5

NOTE: Additional workers to be added to the back page.

**Description of work / service to be undertaken**

Note: Also, please include details of any services or equipment that may need to be isolated and/or locked out and tagged out as part of these works. If additional space is needed below, attach and reference additional pages.

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Specific areas of access required:

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**Tenancy Works – approval section (only required if working for the tenant directly)**

Tenancy name: *(company/firm)*

Tenant approval by: *(name of person)*

Signature:

Note: Any tenancy works NOT approved by the tenant's representative will not be approved to proceed.

**Permit checklist (if answer yes to any of the below questions, a separate permit may be required)**

The \* denotes that a permit is definitely required. The \*\* denotes a permit is required at some sites.

Are fire isolations required?	Yes*	No
Are you using the BMU?	Yes*	No
Do you require access to the MDF Room?	Yes	No
Are you conducting any noisy works?	Yes	No
Will you be working in a confined space?	Yes*	No
Are you working at Heights above 2 meters?	Yes*	No
Are you conducting hot works?	Yes*	No
Are you undertaking concrete cutting or coring works?	Yes*	No
Do you require access to any comms risers?	Yes	No
Are you undertaking works that will create dust?	Yes*	No
Do you require access to the roof?	Yes**	No
Are you undertaking Abseiling works?	Yes*	No
Do you require keys / access card access?	Yes	No

**Statement by person making the restricted access request**

I hereby confirm that the information provided via this work request is true and accurate

Name of Requestor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: All high risk work activity must have a 'Last Minute Risk Assessment' or similar completed and provided to Brookfield Properties when requested.**

BROOKFIELD PROPERTIES

PART 2 – “RESTRICTED ACCESS REQUEST” APPROVED

The Restricted Access Request has been reviewed and approved by the Brookfield restricted access request approver (a Brookfield Commercial Operations authorised staff member):

Have all appropriate permits been completed?	Yes	No
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Is the contractor on SASSI and fulfilled compliance requirements?	Yes	No
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This restricted access request is:	Approved	Declined
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Name of approver: *(first & last name)*

Signature of approver:

Date approved:

Comments and or any special requirements for the Restricted Access location

Name of worker <i>(first &amp; last)</i>	Contact phone number	Signature
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2		
3		
4		
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11		
12		
13		
14		
15		