

BEMS – GENERAL WORK PERMIT	Date:
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1. Permit Number

Either Purchase Order Number (*Preferred*)

Or Work Order Number

General Work Permit Number

2. Contact Details

Company Name

Service Provider

Mobile No.

Works Coordinator

Mobile No.

3. Details of Work

Site

Building

Floor

Department

Door Frame ID

Description of Work

4. Work Permit Period

Commencement Date Time

Completion Date Time

5. General Requirements

	Yes	No
1. Is the work classed as Construction / Building works under the Queensland Construction Commission?		
If Yes , - Licence No.		
2. Is the work over \$250,000?		
If Yes , a Principal Contractor is required to be appointed.		
3. Does the work involve any isolations or interruptions to the Health Service?		
If Yes , complete <i>Planned Interruption to Services Permit</i> .		
Air Conditioning		
Fire Detection / Protection		
Lifts		
Medical Gas		
Nurse Call		
Pneumatic Tube		
Power		
Security System		
Water		

6. Does the Work Require Any Additional Permits?

Service Provider	Asbestos - WAAP Confined Space Crane Lift (Crane Operator to Supply) Electrical Live Work Excavation Fire / Smoke Wall Penetration Fire Detection / Protection Isolation High Risk Work High Voltage Hot Work ICT Change Management (RFC) Infection Control Lock Out / Tag Out (LOTO) Medical Gas Planned Out of Hours Work Roof and Catwalk Access Working at Heights (>2m) Other
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7. On Site Workers

Must be inducted, understand the Occupational Health & Safety (OHS) Contractors Handbook and Permit to Work System. Note: Induction certificates are only valid for 24 months from date of issue.
 Name: _____ Induction Date: _____

Service Provider

8. Risk Assessment / Job Safety Analysis

List Personal Protective Equipment (PPE) measures to be in place.

Service Provider

Barriers
 Eye Protection
 Hand Protection
 Hard Hats
 Hearing Protection
 Protective Clothing
 Respiratory Protection
 Safety Boots
 Other



9. Task Steps

	Detail task steps (must be specific for job under this permit)	Existing & Potential Hazards or Environmental Damage	Risk Before	Control Measure Required to Minimise the Risk (reference to specific attached SWMS is acceptable)	Risk After
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Overall Residual Risk:**(Is the highest value in Risk After control measure)**For residual risk scores '**High**' or '**Extreme**' **work must be ceased** and the General Work Permit must be escalated to the CQHHS BEMS Manager for approval.

The Central Queensland Hospital & Health Service (CQHHS) is committed to ensuring, as far as is reasonably practicable, the safety of staff/patients/visitors/contractors and subcontractors while they are engaged in carrying out work for CQHHS. Contractors must carry out a Risk Assessment (Job Safety Analysis) for each job and attach copies of Standard Work Procedures, Risk Assessment/Safe Work Practices with the Work Permit. Permit and documentation to be submitted for authorisation minimum of 48 hours prior to commencement of any works.

Unless specifically indicated, CQHHS will not carry out a detailed technical analysis of the procedures that are submitted and will explicitly rely on the health and safety competence of individual contractors to ensure that the procedures address all hazardous exposures and are effectively implemented at the work site. A copy of the approved Work Permit is to be available and adhered to all times whilst on site.

10. Work Authorised By

Risk Assessment prepared by Service Provider: (Work MUST be carried out under conditions specified on this Permit)

Name:

Date:

Signature:

Nominated Officer (CQHHS Representative):

Name:

Date:

Signature: