# **BEMS – FIRE / SMOKE WALL PENETRATION PERMIT**

Date:

#### 1. Permit Number

Either Purchase Order Number (Preferred)

or Work Order Number

General Work Permit Number

Wall Penetration Permit Number

## 2. Work Permit Period

Commencement Date Time

Completion Date Time

#### 3. Contact Details

Company Name:

Service Provider:

Mobile No:

### 4. Details

Service Provider

Location:

Work Description:

**Special Conditions:** 

**Security Considerations:** 

Clinical Considerations:

#### 5. Labelling and Installation

Each service penetration or control joint should be clearly labelled and marked with the following information:

- a) Number of this standard;
- b) Fire Resistance Level (FRL);
- c) Name and contact details of the installer;
- d) Installation date;
- e) A unique installation reference number; and
- f) Name and contact details of the manufacturer.

## 6. Request

Service Provider

I understand the conditions of this permit and will abide by all safe work procedures. I certify the works described above will be carried out to the relevant Australian Standards (as applicable) and the requirements of the CQHHS. The test will be completed under my direct supervision and I will certify them as true and correct when complete.

Service Provider Rep:

Mobile No:

Date:

Signature:

## 7. Approval

I am satisfied that persons impacted have been consulted. I approve the work specified in this permit. A copy of the floor plan has been provided.

Works Coordinator:

Mobile No:

Date:

Signature:

### Completion of Works

The following documents have been provided (please tick).

Certificate provided

- o Form 16 inspection Certificate
- Aspect Certificate
- QBSA Licensee Aspect Certificate

Appendix A – BEMSFORM053

Completed Fire Penetration Schedule

Additional Penetration Installation Record

Photo of penetration, in colour

Updated sketch on supplied floor plan

Service Provider Rep:

Date:

Service Provider

Signature:

### 9. Close Out Permit

Workplace has been checked and cleared as safe. All permit conditions have been withdrawn.

Works Coordinator:

Date:

CQHHS

Signature:

Queensland Government

BEMSFORM027 Version 3.0 23/7/2019 Page 1 of 1