

Page 1 of 2

| Permit #: | |
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10.2.WH.I.RC. Permit - Work Request -Jun17

| Requestor Part 1 – Person making a "work 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: | es: | | Expected Start Date : | | Start Time : | | | |
| Level/s (where v | work is to be carried out): | ork is to be carried out): | | Expected Finish Date: | | | | |
| Who is making t | he work request? ("the R | equestor") | | | | | | |
| Name of the person making the work request ("the Requestor"): (first & last name) (Please Print) | | | | | Phone No: | | | |
| Business/Company of the Requestor: | | | Phone No: | | | | | |
| Who is going to | do the work? ("the Conti | ractor") | | | | | | |
| Business/Company Name to undertake the work ("the Contractor"): | | | | Phone No: | | | | |
| The following | The following workers of "the Contractor" will attend site to undertake the work Regist | | | tered on SASSI (completed | | | | |
| Name of | worker (first & last) (please pr | int) C | ontact Phone Number: | induction | ns, SWMS, Insurance, RMP etc) | | | |
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| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 6 | | | | | | | | |
| 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: | | | | | | | | |
| | | | | | | | | |
| - | | | orking for the tenant direc | | gnature: | | | |
| Tenancy name: (Company/ firm) | | Tenant approval by: (name of person) | | | | | | |
| Note: Any tenan | ocy works NOT approved | by the tenent's re | presentative will not be ann | around to | proceed | | | |

Revision Date: June 2017 Ne: 10.2.WH.I.RC. Permit - Work Request -Jun17 Next review: June 2019



Page 2 of 2

| Permit #: | |
|-----------|--|

10.2.WH.I.RC. Permit - Work Request -Jun17

| 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. | | | | | | | | |
|--|---|---------|---|--------------|--------------|----------------|--|--|
| · | | | - | - | at Sullie Si | | | |
| Are fire isolations required? | * | ∐ No | Are you using the BMU | | * Yes / No | | | |
| Do you require access to the MDF Room? | ☐ Yes / | ☐ No | Are you conducting any | ☐ Yes / ☐ No | | | | |
| Will you be working in a confined space? | * | ☐ No | Are you working at Heights above 2 meters? | | | * 🗌 Yes / 🗌 No | | |
| Are you conducting hot works? | * | □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? | ** | □ No | Are you undertaking Abseiling works? | | | * 🗌 Yes / 🗌 No | | |
| Do you require keys / access card access? | ☐ Yes / | ☐ No | | | | | | |
| Statement by person making the wo | rk request | | | | | | | |
| I hereby confirm that the information pr | ovided via th | is work | request is true and a | ccurate | | | | |
| Name of Requestor: Sig | ınature: | | | | Date: | | | |
| | | | | | | | | |
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| Brookfield Part 2 – "Work Re | quest" App | proved | | | | | | |
| The Work Request has been reviewed and approved by the Brookfield work request approver (a Brookfield Commercial Operations authorised staff member): | | | | | | | | |
| Have all appropriate permits been completed? | Is the contractor on SASSI and fulfilled compliance requirements? | | This work request is: Approved | | | | | |
| ☐ Yes / ☐ No | Yes / No | | Declined | | | | | |
| | | Signatu | | | Date appr | oved: | | |
| ,, , | 3 | | | | | | | |
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| Comments | | | | | | | | |
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Revision Date: June 2017 Ne: 10.2.WH.I.RC. Permit - Work Request -Jun17 Next review: June 2019 Page 2 of 2