# Form – Permit to Fumigate or Ventilate (in Vessel)

The following form has been developed to support implementation of the following documents:

* HSSE Standard – Use of Fumigants at TasPorts Facilities (TRIM No.: DOC/18/24521)
* HSSE Flowchart – Permit to Fumigate or Ventilate (TRIM No.: DOC/18/29357)

**Permit No.: PFV-**

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| **Section 1: Permit Dates** | | | | | | | | | | | | | |
| Date Submitted: | | |  | | | | | | Date Received by TasPorts | | |  | |
| **Section 2: Applicant Detail’s** | | | | | | | | | | | | | |
| Name of Nominated Person Engaging the Fumigator: | | |  | | | | | | Company:  Contact No: | | | | |
| Name of Nominated Person in Charge of Fumigation Activity / Facility: | | |  | | | | | | Company:  Contact No: | | | | |
| Name of Fumigator: | | |  | | | | | | Company:  Contact No: | | | | |
| Fumigator Commercial Operator Licence # | | |  | | | | | | Expiry Date:  (Attach copy): | | | | |
| Port Location: | | |  | | | | | | Berth: | | | | |
| Type of fumigant to be used (active ingredient): | | | **Sulfuryl fluoride**  **Phosphine**  **Bifenthrin**  **Other** (please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **List product trade name** e.g. Biflex Aqua **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **In-vessel or in-transit fumigation using methyl bromide is prohibited at any TasPorts facilities at any time.** | | | | | | | | | | |
| Expected Duration (hours): | | |  | | Start Date /  Time: | |  | | | Finish Date /  Time: | |  | |
| **Section 3: Document Checklist** | | | | | | | | | | | | | |
| **No.** | **Requirement** | | | | | | | | | **Yes** | **No** | **Comments** | |
| **1.** | Has a Fumigation Management Plan submitted and accepted by TasPorts Manager Safety, or their authorised representative, at least **14 days** prior to commencement of proposed fumigation? | | | | | | | | |  |  |  | |
| **2.** | Has this Permit been submitted to TasPorts at least **48 hours** prior to commencement of the proposed fumigation? | | | | | | | | |  |  |  | |
| **3.** | Has the Vessel Master obtained a written permit from the ‘Australian Maritime Safety Authority’ (AMSA)? Attach copy | | | | | | | | |  |  |  | |
| **4.** | Has the Vessel Master obtained a written permit from the ‘Australian Pesticides & Veterinary Medicines Authority’ (APVMA)? Attach copy | | | | | | | | |  |  |  | |
| **5.** | Has a Safety Data Sheet (SDS) for the fumigant product proposed to be use been provided to TasPorts, accepted by TasPorts for use and added to the Port SDS Register? | | | | | | | | |  |  |  | |
| **6.** | Do the proposed Fumigation Operators have valid fumigation licences and competencies? List Individual certificates of competency for each fumigation technician and the expiry date below | | | | | | | | |  |  |  | |
| Name: | | | | | | | | Licence No.: | | | | Expiry Date: | |
| Name: | | | | | | | | Licence No.: | | | | Expiry Date: | |
| Name: | | | | | | | | Licence No.: | | | | Expiry Date: | |
| **7.** | Are all airborne concentration measuring equipment calibrated and in date? | | | | | | | | |  |  |  | |
| **8.** | Do all proposed Fumigation Operators hold a valid MSIC and Port induction? | | | | | | | | |  |  |  | |
| **9.** | What “Risk Area” and ‘Buffer Zone’ exclusion distances will be in place? specify distance \_\_\_\_\_\_\_\_\_\_\_\_\_\_metres | | | | | | | | |  |  |  | |
| **10.** | All non-essential workers (e.g. stevedores, shipping agents) have been instructed to leave the vessel prior to commencing fumigation? Attach evidence | | | | | | | | |  |  |  | |
| **11.** | Will the vessel be immobilised? If so, has the Harbour Master been advised? | | | | | | | | |  |  |  | |
| **12.** | All fumigation records will be sent to [fumigations@tasports.com.au](mailto:fumigations@tasports.com.au) within **14 days** of completion of fumigation | | | | | | | | |  |  |  | |
| **Section 4: Special Conditions** | | | | | | | | | | | | | |
| Detail additional health, safety, security or environmental precautions required: | | | | | | | | | | | | | |
| **Section 5: Applicant / Contractor Statement of Acknowledgement** | | | | | | | | | | | | | |
| I acknowledge the requirements of TasPorts to identify and control risks and work in a safe manner at all times. I confirm the Fumigation Company has satisfactory documented safe systems of work in place and that all permits and licences required are in order and understood. | | | | | | | | | | | | | |
| **Signature:** | |  | | | | | | | | | | / /  **Date** | |
| **Name:** | |  | | | | | | | | | |
| **Position:** | |  | | | | | | | | | |
| Section 6: Permit Authorisation (TasPorts Use Only) | | | | | | | | | | | | | |
| Permit Issuer – I, for on behalf of TasPorts authorise the fumigation and/or ventilation specified to proceed, provided that the precautions listed on this permit, in the TasPorts accepted Fumigation Management Plan are observed. I am satisfied that the information provided to me is sufficient to show that the Fumigation Company has a system in place to fulfil their legal obligations to conduct works in a safe manner. | | | | | | | | | | | | | |
| **Signature:** | |  | | | | | | | | | | / /  Date | |
| **Name:** | |  | | | | | | | | | |
| **Position:** | |  | | | | | | | | | |
| Permit Valid: **From:** ……………………………………………………………………………….. **To:** …………………………………………………………………………………………  **(Date / Time): (Date / Time):**  **The validity of this Permit must not exceed 14 days in duration.**  **If Permit duration is over one (1) day the ‘Daily Fumigation / Ventilation Checklist’ must be completed.** | | | | | | | | | | | | | |
| Section 7: Permit Recipient | | | | | | | | | | | | | |
| Permit Recipient - I, for on behalf of the Fumigator must comply with all agreed controls, all site safety requirements, all Documentation, the TasPorts accepted Fumigation Management Plan and this permit, and must ensure that all of my personnel and any person under my responsibility comply with the same. All fumigation records will be emailed to: fumigations@tasports.com.au within 14 days of completion of fumigation. | | | | | | | | | | | | | |
| **Signature:** | |  | | | | | | | | | | / /  Date | |
| **Name:** | |  | | | | | | | | | |
| **Position:** | |  | | | | | | | | | |
| ***TasPorts Emergency Phone No's: Security Centre 1300 664 007; VTS 6380 3013 or VHF Ch 16/14/12*** | | | | | | | | | | | | | |
| **Section 8: Notifications** | | | | | | | | | | | | | |
| Bell Bay, Burnie, Devonport, Stanley, Strahan:  [northernports@tasports.com.au](mailto:northernports@tasports.com.au) | | | |  | | King Island and Flinders Island:  [islandports@tasports.com.au](mailto:islandports@tasports.com.au) | | | |  | Harbour Master:  harbourmaster@tasports.com.au | |  |
| Hobart:  [operationsadmin@tasports.com.au](mailto:operationsadmin@tasports.com.au) | | | |  | | HSSE:  fumigations@tasports.com.au | | | |  | VTS:  [radio.room@tasports.com.au](mailto:radio.room@tasports.com.au) | |  |
| **Section 9 – Permit Closure** | | | | | | | | | | | | | |
| **Completion of Works and Permit Closure – RECIPIENT**  All work permitted under this Permit has been completed, people and equipment withdrawn from the area and the area is clean and safe for use.  **Name: Signature:**  **Date: Time:** | | | | | | | | | **Permit Closure – ISSUER**  I am satisfied that all work associated with this Permit has been completed in accordance with the Permit Conditions.  **Name: Signature:**  **Date: Time:** | | | | |
| All fumigation records have been sent to: fumigations@tasports.com.au | | | | | | | | | All Permit/s Closed Out in ‘Port Permit to Work Log’  All Permit/s filed in TRIM when completed | | | | |