|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MWPA Use Only** |  | | Permit No. |  |
| Associated Permits |  |  | Work Order No. |  |

**Applicant (Permit Owner) to complete Sections 1-4 and submit.**

| Section 1. Permit Owner Details / Person Representing Fuel Company on Site | | | | | |
| --- | --- | --- | --- | --- | --- |
| Full Name | |  | Company | |  |
| Email Address | |  | 24hr Contact No. | |  |
| MWPA Responsible Worker | |  | MWPA Responsible Worker Contact No. | |  |
| Start Date / Time |  | | Completion Date / Time |  | |

| Section 2. Scope of Work | |
| --- | --- |
| Name of Vessel |  |
| Berth No. |  |
| Date of Transfer |  |
| Time of Transfer |  |
| Duration of Transfer (Likely) |  |
| Fuel Distributor |  |
| Type of Fuel |  |
| Amount / Volume of Fuel |  |
| No. of Tankers |  |
| Method of Communication (Channel / Telephone No.) |  |

| Section 3. Requirement Checklist | | |
| --- | --- | --- |
| The following minimum requirements MUST be met / understood / attached by Permit Owner. | | |
|  | **MWPA Fuel Transfer Bunkering Procedure** – Permit Owner confirms they have reviewed the Procedure. | |
|  | **Risk Assessment** – Permit Owner confirms a risk assessment meeting the minimum requirements identified within the MWPA Fuel Transfer Bunkering Procedure must be ATTACHED with this application.  The risk assessment must include Emergency Procedures, or they are to be attached as a separate document.  Copies may be required for adjacent leaseholders / operations. | |
|  | **Safety Data Sheets (SDS)** –Permit Owner confirms that they have contacted MWPA responsible Worker, and the proposed product is approved for use on MWPA premises. A copy of the SDS shall be ATTACHED with this application. | |
| Yes  No  NA | | **Traffic Management** – Permit Owner confirms that they have contacted the MWPA responsible Worker and discussed the possibility of the bunkering work disrupting road / traffic flow. An Application for Traffic Management may be required. |
| Yes  No  NA | | **Works Adjacent to a Berth** – Are the works adjacent to a berth, near bollards or close to vessel mooring lines? If yes, Permit Owner confirms they have reviewed the hazards associated with this activity in the Workers Handbook. |

| Section 4. Permit Owner – Acceptance of Conditions / Requirements | | | |
| --- | --- | --- | --- |
| By signing this document, I understand and accept the Terms and Conditions of this application and declare that all information given is true and accurate.  I understand that prior to the commencement of work, this Application and supporting documentation will be subject to site review and final approval. | | | |
| Permit Owner Name | | | |
| Signature |  | Date |  |

**This form and attached documents should be emailed to** [**permits@midwestports.com.au**](mailto:permits@midwestports.com.au)**.**

| Section 5. MWPA Use – Authorisation | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Permit Coordinator confirms appropriate Authorisations have been completed. | | | | | | | |
| **Permit Received** | | **Position** | **Name** | | | **Signature** | **Date** |
| Yes  No  NA | | Wharf Supervisor |  | | |  |  |
| Yes  No  NA | | Permit Authoriser – Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | **Authorised** | | |  | **Rejected – Revise and Resubmit** | | |
| Authoriser Name | | | | Signature | | | |
| Role | | | | | | | |
| Comments | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |

| Section 6. MWPA Use – Issue | |
| --- | --- |
|  | The Application has been reviewed by the appropriate Permit Authorisers and found suitable for return to the Permit Owner. |

| Section 7. MWPA Use – Site Review, Approval and Revalidation\* | | | | |
| --- | --- | --- | --- | --- |
|  | Bunker Checklist completed. | | | |
| I confirm that this Application and supporting documentation has been reviewed. The Permit is now OPEN and Permit Owner has been advised they have control of their activities and work may commence. | | | | |
| **Approver Name** | | **Approver Position** | **Signature** | **Date / Time** |
|  | |  |  |  |

| Section 8. Permit Owner – Acceptance of Conditions / Requirements | |
| --- | --- |
| I confirm that this Permit is now OPEN and as the Permit Owner, I have control of the work activities covered by this Permit. Daily revalidation shall be recorded prior to the commencement of work. | |
| Permit Owner Name | |
| Permit Owner Position | |
| Signature | Date / Time |

| Section 9. MWPA Use – Completion of Work | |
| --- | --- |
| Permit Owner advises work has been completed. I confirm the work area has been left in a clean, safe and acceptable condition and the Permit can be CLOSED. | |
| Approver Name | |
| Approver Position | |
| Signature | Date / Time |

| Section 10. MWPA Use – Permit Closed | |
| --- | --- |
|  | Permit has been CLOSED. |

| Section 13. MWPA Terms and Conditions |
| --- |
| 1. To ensure timely approval for PERMITS, the following MINIMUM approval times apply.    * Application for Land Based Crane Lift, Application to Excavate / Penetrate and Application for Traffic Management shall be lodged at least seven days prior to work.    * All other Permits shall be lodged at least three days prior to works. |
| 1. A copy of this Application for Fuel Transfer (Bunkering) Permit plus mandatory documentation is to be held on site at all times. |
| 1. Permit Applicant accepts that no work can commence on site until this Permit and associated documentation has been reviewed and approved on site. |
| 1. Permit Owner warrants that it understands the nature of the work permitted by the Permit and risks associated with it, has sufficient competence to carry out the work and accepts responsibility (including work health and safety responsibility) for the work. |
| 1. All Workers accessing MWPA sites, as a minimum are required to have completed the MWPA Induction. Within the Landside and Waterside Restricted Zones, individuals are required to carry their own Maritime Security Identification Card (MSIC) at all times. A visitor’s pass may be obtained, although all visitors must be escorted at all times by a holder of a current MSIC. |
| 1. Any incidents (safety / environmental / damage) must be reported to MWPA immediately.  After hours, please call the 24hr Emergency Contact on 0437 413 734. |

\* Refer to Permit Revalidation Extension form if work period extends past seven days.

**Custodian – Operations Manager**

**Approver – Chief Operating Officer**