# Permit to Fumigate or Ventilate

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

* Fumigation Standard - Use of Fumigants at TasPorts Facilities
* Fumigation Management Plan (FMP) Review Form

**Permit No.: PFV-**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Section 1: Permit Dates** | | | | | | | | | | | | | | | |
| Date Submitted: | | |  | | | | | *Biosecurity Direction No:* | | | |  | | | |
| Commodity: | | |  | | | | | *Ship Name /*  *Container Number(s):* | | | |  | | | |
| **Section 2: Applicant Detail’s** | | | | | | | | | | | | | | | |
| Name of Nominated Person Engaging the Fumigator: | | |  | | | | | 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): | | | **Methyl Bromide**  **Phosphine**  **Bifenthrin**  **Other** (please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **List product trade name** e.g. Biflex Aqua **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| Expected Duration (hours): | | |  | | | Start Date / Time: | |  | | Finish Date / Time: | | | |  | |
| **Section 3: Document Checklist** | | | | | | | | | | | | | | | |
| **No.** | **Requirement** | | | | | | | | | **Yes** | | **No** | **Comments** | | |
| **1.** | Has a Fumigation Management Plan (FMP) been submitted and accepted by TasPorts Regional Manager, or their authorised representative, at least **14 days** prior to commencement of proposed fumigation? | | | | | | | | |  | |  | **FMP Reference: (attach a copy)** | | |
| **2.** | Attach a copy of the FMP. | | | | | | | | |  | |  |  | | |
| **3.** | Please complete the detail of the FMP approver and approval date. | | | | | | | | |  | |  | **Approver Name:**  **Position:**  **Approved date:** | | |
| **4.** | Attach copy of the FMP approval form. | | | | | | | | |  | |  |  | | |
| **5.** | Are there any special conditions specified on the FMP approval form? If yes, complete Section 4. | | | | | | | | |  | |  |  | | |
| **6.** | Has this Permit been submitted to TasPorts at least **48 hours** prior to commencement of the proposed fumigation? | | | | | | | | |  | |  |  | | |
| **Section 4: Special Approval Conditions** | | | | | | | | | | | | | | | |
| Detail additional health, safety, security, communication, inspection/audit 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 plans, permits and licences required are in order and understood. I, on behalf of the Fumigator will comply with all agreed controls, all site safety requirements, all Documentation, the TasPorts accepted Fumigation Management Plan and this permit, and will 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 366 742, VTS 6380 3013 or VHF Ch 16/14/12*** | | | | | | | | | | | | | | | |
| **Section 6: 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 7: 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 8 – TasPorts Inspection/Audit Plan (TasPorts Use Only)** | | | | | | | | | | | | | | | |
| **Audit/Inspection item** | | | | **Include?** | **Timing (daily or date/time)** | | **Responsibility** | | **Inspection Record** | | | | | | |
| **Complete** | | **Sign-off** | | **Actions** | | |
| Pre-start inspection (buffer zones, signage, spill kits, first aid, fire extinguishers, inductions complete, etc.) | | | |  |  | |  | |  | |  | |  | | |
| Confirm all ignition sources are extinguished in fumigation area prior to approving fumigation go-ahead | | | |  |  | |  | |  | |  | |  | | |
| Safety equipment (PPE, first aid kits, fire extinguishers, spill kits, etc) | | | |  |  | |  | |  | |  | |  | | |
| Buffer zones, Evacuation area (consider wind direction, distance and signage) | | | |  |  | |  | |  | |  | |  | | |
| Documentation (FMP, SDS, Site Plan, Induction record) | | | |  |  | |  | |  | |  | |  | | |
| Monitoring to plan, calibration of instruments | | | |  |  | |  | |  | |  | |  | | |
| General fumigation and recapture set-up (no obvious leakages, monitoring occurring, safe storage and handling, etc.) | | | |  |  | |  | |  | |  | |  | | |
| Other: | | | |  |  | |  | |  | |  | |  | | |
| Other: | | | |  |  | |  | |  | |  | |  | | |
| Other: | | | |  |  | |  | |  | |  | |  | | |
| **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  Inspection Record complete (section 8) | | | | | | | |  |  |  |