VUL-FRM-19-14-Working Remotely or Alone Permit

Working Remotely or Alone Permit

Working Remotely or Alone Requirements: -

1. Applies when working alone for more than one (1) hour and two (2) kilometers from VMO (Vulcan Main Office) when directed by a supervisor to work alone;
2. A GPS unit must be carried at all times, unless alternative controls have been identified and documents in a Job Hazard Analysis;
3. All sections of the Working Remotely or Alone Permit shall be completed and authorised before work can commence;
4. Only work specified within the approved Working Remotely or Alone Permit may be undertaken.
5. This permit is valid for a maximum of 7 days from the date of authorisation, unless otherwise determined by the task and risk profile. If work continues beyond the expiry date, a new permit must be issued. Daily sign-in and sign-out is required. (and/or based on the task and risk profile) from the time of authorisation for work conducted If work exceeds the expiry date a new Permit shall be raised.
6. An active copy of the permit must be kept at the Remote Work Indicator located in the ERT room

Section 1 – Person Conducting Work Alone

Name of Person Conducting Work	
Contact Phone Number	
Company	
Position	
Email Address	

Section 2 – Work Area Details

Name of Work Area/Locations:				
Duration (Max 7 days)	From Day/time:		To date/time:	
Scope/Reason for Work:				

Section 3 – Work Checklist

Emergency Preparedness and Response		Yes	No	N/A
1.1	Has the work plan and work locations been discussed and agreed with the direct supervisor?	☐	☐	☐
1.2	Is there a system of positive communication in place, including agreed intervals at which persons must make positive contact and have all relevant personnel been informed?	☐	☐	☐
1.3	Has potential emergency situations been discussed and appropriate prevention and preparedness controls been actioned?	☐	☐	☐
1.4	Has all emergency preparedness and response equipment been provided to the person involved and has it been checked and assessed as fit for purpose?	☐	☐	☐
1.5	Has a personal risk assessment been completed by the person conducting remote work activity?	☐	☐	☐
Personnel		**Yes**	**No**	**N/A**
2.1	Are personnel proposing to conduct work alone, appropriately experienced and have conducted this work before?	☐	☐	☐
Other Requirements		**Yes**	**No**	**N/A**
3.1	GPS tracking unit operational and operatable for duration of activity	☐	☐	☐
3.2	SSE/SSE Delegate approval for working alone on non-operational tenements.	☐	☐	☐

Section 4 – Communication Plan	
• While working alone or remotely the Person working Remotely or Alone must contact a designated Supervisor/ESO throughout the duration of the activity. • Remote Work Indicator to be utilised at all times while remote work task is undertaken	
Communication Plan Details:	
The person who is working remotely or alone must contact their supervisor/emergency services officer so at the following intervals and a record of ALL communications must be kept:	☐ Upon arriving at the worksite; ☐ Every 2 hours;
Primary means of communication shall be through:	☐ 2-way GPS Tracker (Mandatory)
Backup means of contact shall be through:	☐ Mobile phone ☐ Satellite Phone ☐ UHF Radio ☐ Other

Section 5 –Authorisation

Person working alone

I have read, understand, and will ensure compliance with the Permit as well as Vitrinite and statutory requirements, including verifying the work precautions and returning the original copy of this Permit to the Permit Issuer upon its expiry or cancellation.

Name		*Signature*	
Date		*Time*	

Emergency Services Officer

I have read, understand, and will ensure compliance with the Permit as well as Vitrinite and statutory requirements. ESO to ensure Remote Work Indicator is utlised and for duration of the Remote Works task.

Name		*Signature*	
Date		*Time*	

Site Appointed Supervisor

I authorise the work defined in the scope of work to commence. The procedures, measures and precautions appropriate for the safe performance of Remote or Alone Work have been implemented, and the Permit Users performing the work have been advised of and understand the requirements of this permit.

Name		*Signature*	
Date		*Time*	
Permit Commencement (Date/Time)		*Permit Expiry (Date/Time)*	

Section 6 – Sign On / Sign Off							
Date	**Name**	**Company/Position**	**Sign On**		**Sign Off**		**Remote working indicator Engaged**
			Time	Sign	Time	Sign	
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐

Section 7 – Permit Close Out / Return of Permit					
Remote Work Completed:	☐ Yes	☐ No	Remote Work Indicator discharged:	☐ Yes	☐ No
Remote worker's Name:			Supervisor Name:		
Date/Time:			Date/Time:		
Signature:			Signature:		