

Office Use Only	Approval Number		Permit Number	
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APPLICANT DETAILS

Date		Applicant Company	
Applicant name		Phone	
Contractor		Phone	
Onsite Contact		Phone	

TASK DETAILS AND DURATION

Start Date		Time		End Date		Time	
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Location of control <i>(Specific)</i>							
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Description of work or transport movement							
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Control Type <i>Check all that apply</i>	Road Closure	Partial Closure	Manned Signage	Signage/Markers
	Pilot/Escort	Speed reduction		Other <i>(describe below)</i>

Traffic control measures (Detailed method) <i>If a full Traffic Management Plan or Daily Traffic Control Diagram has been created, attach and reference.</i>							
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PERMIT HOLDER CHECKLIST

	Yes	No	N/A
A Traffic Management Plan has been prepared and submitted to Pilbara Ports			
A JHA, SWI or similar has been developed and a copy is available			

The applicant agrees to ensure that all personnel are aware of permit conditions, TMP's, special conditions and that safe working practices are adhered to when on the Pilbara Ports site.

Permit Applicant		Signature		Date	
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Process Owner: The Port Manager has overall responsibility for this form

Objective ID: A1620725 Version: 3.0 Approved by: Landside Operations Supervisor

Date approved: 03/02/2025

Review date: 03/02/2027

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PILBARA PORTS APPROVAL				
Projects / Engineering have approved these works? Yes <i>(complete below)</i> N/A				
Project Manager		Approval given	Written	Verbal
Special Conditions:				
Permit Authoriser		Signature		Date
PERMIT CLOSURE				
The work outlined in the permit was	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> Cancelled	
Persons, equipment and materials removed from the work area			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes:				
Permit Holder		Signature		Date
Permit Authoriser		Signature		Date

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