

PERMIT NUMBER

PEN _____

Minimum Control Checklist – Core, Holing, Penetration

PART 1 – Minimum Controls Checklist details – Available on BSAFE

Work Order/Project #	
Name	
Contact Number	
Company	
Date & Time	

Minimum Controls Checklist (Open)

Location of Work	
Description of Work	
Person in control of the work	
Confirm the following is in place:	<input type="checkbox"/> Site specific SWMS in place and reviewed in consultation with work group <input type="checkbox"/> Work area cordoned off or barricaded/ warning signs in place <input type="checkbox"/> Emergency exits / muster points / contingency plans understood <input type="checkbox"/> All workers have current licenses/certificates of competency for the works <input type="checkbox"/> The proposed penetration location/s has been verified as correct <input type="checkbox"/> All drawings (eg as built, mechanical, hydraulic, dry fire, structural engineering, electrical etc- if available) have been reviewed to identify any services in close proximity to where the core hole or penetration will be located. <input type="checkbox"/> A services search has been conducted and a report has been provided identifying services in close proximity.
Select the 'In-Situ' structural components and services near works*	<input type="checkbox"/> LV Electricity <input type="checkbox"/> Post-tensioning cables <input type="checkbox"/> Pre-stressed components <input type="checkbox"/> HV electricity (overhead/underground) <input type="checkbox"/> Pipelines (water, gas etc.) <input type="checkbox"/> Sewage (drains etc.) <input type="checkbox"/> EWIS/fire services <input type="checkbox"/> Telecommunications <input type="checkbox"/> Other (List): _____
Select any 'Supported' Structural Components and Services near works*	<input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Hot Water <input type="checkbox"/> Air-conditioning <input type="checkbox"/> Telecommunications <input type="checkbox"/> Fire Services <input type="checkbox"/> Other (List): _____

PERMIT NUMBER

PEN _____

Any 'live' services in close proximity have been isolated?	<input type="checkbox"/> Yes - LV Electrical and/or Isolation of Services checklist must also be completed and submitted <input type="checkbox"/> NA
The proposed location is clear of any pre-stressed/post tension cables?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
Proposed location is clear of any services?*	<input type="checkbox"/> Yes <input type="checkbox"/> NA
BGIS has been notified of works occurring	<input type="checkbox"/> Yes List BGIS representative notified: _____
Please detail any other controls in place:	
Name:	
Signature	
Date	