

**BEMS – INVESTIGATION AND MINOR FAULT  
RECTIFICATION PERMIT  
Part A – Request and Approval**

Date:

**Note:** This form can only be used for low risk investigative work or low risk minor fault rectification work. If high risk work is required or revealed during an investigation, work must cease immediately and a General Work Permit (BEMSFORM025) completed and submitted. Refer to Permit to Work procedure for further details.

**\*Complete items 1 – 5 and email to Works Coordinator. Save file using the PO number & Sequential number. E.g. PO 12345678 Investigation Permit 1 Part A.**

**1. Permit Number**Purchase Order Number (Preferred) **PO** \_\_\_\_\_**Or** Work Order Number **WO** \_\_\_\_\_

Sequence Number \_\_\_\_\_

**2. Details of Work**

Site \_\_\_\_\_

Building \_\_\_\_\_

Floor \_\_\_\_\_

Department \_\_\_\_\_

Door Frame ID \_\_\_\_\_

Description of Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. Investigation / Minor Fault Permit Period

Commencement Date \_\_\_\_\_ Time \_\_\_\_\_

Completion Date \_\_\_\_\_ Time \_\_\_\_\_

### 4. On Site Workers

***Must be inducted, understand the Occupational Health & Safety (OHS) Contractors Handbook and Permit to Work System. Note: Induction certificates are only valid for 24 months from date of issue.***

Name:

Induction Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Contact Details**

Company Name: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Mobile No: \_\_\_\_\_

**6. Approval**

*I approve the investigative work / minor fault rectification work specified in this permit, on the basis that only low risk investigative work or low risk minor fault rectification work can be carried out, and all persons required to work under this permit have been advised and understand the requirements of this written authority.*

Works Coordinator: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_