



Date Permit Requested	
Company Requesting Permit	
Work Area	Building Site: Level: Area/Plant:
Expected Date & Duration of Works	Date of Access: Time of Access: Date of Est. Completion: Time of Est. Completion:
Type of Works / Special Instructions:	
System to be Isolated	
<input type="checkbox"/> Electrical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Services <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other (Specify under Special Instructions)	
NOTE: Works will not be Approved or Commenced without the correct associated permits. No equipment shall be isolated without prior arrangement with MFM.	
Access Names (Employees Working on Site)	
1.	4.
2.	5.
3.	6.
Loading Bay (if applicable to site)	
Lift Access Required (Circle One): YES / NO <i>If Required, Lift Bookings should be requested at time of submitting this request, via MFM Site contacts or the MFM Helpdesk</i>	Vehicle Access Required (Circle One): YES / NO <i>Note: Vehicle Access is for loading & unloading only. Vehicle access does not authorize parking. MFM will not be liable for any parking charges.</i>
Works Requested By: <small>Please Print Name</small>	Tenant Company Name: <small>Please Print Name</small>
Tenant Authority Notified (circle one): YES / NO	Individual Notified: <small>Please Print Name</small>
Tenants Signature:	Date:

Once form is complete, provide to MFM site staff direct OR if unavailable the MFM Helpdesk.

MFM INTERNAL USE ONLY			
Date/Time Request Received		Received By	
MFM Management Approval Required:	YES / NO	(If Yes) Signature	
MFM Engineering Approval Required:	YES / NO	(If Yes) Signature	
MFM Helpdesk Approval Required:	YES / NO	(If Yes) Signature	
MFM Site Supervisor Approval Required:	YES / NO	(If Yes) Signature	
ADDITIONAL PERMIT REQUIREMENTS			
<input type="checkbox"/> Fire Services Isolation	<input type="checkbox"/> Mech/Elec Services Isolation	<input type="checkbox"/> Hot Works	<input type="checkbox"/> Roof/Ceiling Access
WORKS CONFIRMATION			
Complete Once Works are Authorised to Proceed as Above			
Contractor Supervisor		Proxy Card #'s	
Additional Permit/'s ID#		Key/'s (Tagged As)	