

# MCK SAFE WORK PERMIT FORM

This electronic document has been made interactive for your ease of use. Once you have filled in the required fields and verified all the information is correct, please click the SUBMIT button and follow the prompts provided. All service providers should save this document and print for further use.

**IMPORTANT NOTE:** Please print this completed form and bring it with you to the work site. Access to the site without a SAFE WORK PERMIT FORM will not be permitted.

## SECTION 1: Service provider details

Company Name: \_\_\_\_\_ MCKCT Registration Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

## SECTION 2: Job details

Permit Number: \_\_\_\_\_

MCK Cemetery Location: *(please tick)*

LYNDHURST – 200 Glasscocks Road, Lyndhurst VIC, 3975      **Site Location:** Comp                      Row                      Plot  
 SPRINGVALE - 50 Browns Road, Noble Park North VIC, 3174      **Site Location:** Comp                      Row                      Plot

Commencement Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Job Description: *(please tick)*

Monument Install       Monument Removal       Lettering  
 Monument Renovation       Other: \_\_\_\_\_

## SECTION 3: Occupational Health and Safety declaration *(please tick)*

**Before a Safe Work Permit is issued I agree to the following:**

- I am aware of my obligations under the Victorian *Occupational Health and Safety Act 2004* and relevant regulations
- All staff or sub-contractors working on-site will undergo induction training before commencing work on site
- All staff working on site have the requisite knowledge, skills & abilities to conduct their work in a safe and appropriate manner
- I am aware of the relevant site conditions and have read the MCKCT Site requirements document
- I have undertaken a site assessment

## SECTION 4: Service provider / Site condition *(please tick)*

I confirm that the information provided is true and correct and agree to abide by all safety requirements and site requirements.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position: \_\_\_\_\_

 **This form has been made interactive for your ease of use. Upon completion of all the required information please click "SUBMIT THIS FORM" button.**

**▶ SUBMIT THIS FORM** 

**THANK YOU FOR YOUR COOPERATION, YOU WILL RECEIVE AN EMAIL FROM US SHORTLY TO CONFIRM YOUR WORKING DATE/TIME .**