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| \\corp.pwcs.com.au\dfsroot\Users\kholliday\Desktop\For_electronic_Colour_PWCS_Logo_RGB.jpg | **REQUEST FOR ELECTRONIC ACCESS TO COMMUTE** |

Electronic Access Cards are not for the general public. They are **only** provided for employees of approved organisations with legitimate business within Port Waratah boundaries on behalf of an Accredited Organisation, and only for access to locations immediately relevant to the scope of work of that employee.

The Organisation requesting the issue of a Port Waratah Electronic Access Card **must** complete this form. Once completed, please **submit** to Port Waratah by email to induction.requests@pwcs.com.au.

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| **SECTION ONE:** | **(*To be completed by Authorised Contractor Representative)*** |
| **Accredited Organisation Details:** | **Registered Contractor/Sub-Contractor Details:** |
| **Accredited Organisation:** |  | **Registered Contractor:** (Cardholders Employer) |  |
| **Representative Name:** |  | **Representative Name:** |  |
| **Mobile No.:** |  | **Mobile No.:** |  |
| **Email Address:** |  | **Email Address:** |  |
| **Cardholder Requesting Access:** |
| **Cardholder Name:** |  | **Role Title:** |  |
| **Port Waratah Induction No.:** |  | **Mobile No.:** |  |
| **ID/Licence No.:** |  | **Email Address:** |  |

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| **SECTION TWO:** | **(*To be completed by Authorised Accredited Organisation Representative)*** |
| **Carrington Access** | **Kooragang Access** |
| [x]  C3: CCT Parker Street Sliding Gate which is Cormorant Rd at Kooragang access (Requires Full induction and approved through ARTC contact approved) |  [x]  G4: Pacific National/ARTC Access Road Sliding Gate (Windmill Rd) |
|  |  |  [ ]  KCT WE: KCT Wharf Boom Gate - Access to the PoN Communications Tower |
| **Other Areas (please specify)** | ***NOTE: Subject to additional approval from an appropriately authorised person)*** |
| [ ]  |
| **Access Time Period:** |
| [x]  Business Hours (8:30 am – 5:30 pm) | [ ]  24 Hours Unrestricted |
| [ ]  Operating Hours (5:30am – 6:30 pm) | [ ]  Other (please specify)  | From: am/pmTo: am/pm |

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| **SECTION THREE: *(To be completed by Cardholder Requesting Access)*** | **YES** | **NO** |
| I have completed the Port Waratah Induction relevant to my scope of work (evidence of induction, if required, must be supplied): | [x]  | [ ]  |
| I have read the Port Waratah Access Control Procedure and understand that Electronic Access to Perimeter Gates is logged, monitored and audited: | [x]  | [ ]  |
|  I have read and agree to the Conditions of Entry on page 2 of this form: | [x]  | [ ]  |
| I understand that I am only permitted access to the site for the purpose of commuting through Port Waratah land to my place of employment (not on Port Waratah land): | [x]  | [ ]  |
| I understand that failure to comply with Port Waratah Policy on Electronic Access to Perimeter Gates could lead to disciplinary action up to and being refused access to commute across Port Waratah controlled land: | [x]  | [ ]  |
| I understand that all access cards remain the property of Port Waratah and must be returned to Port Waratah upon completion of work requiring access to commute across Port Waratah land or upon request. The Accredited Organisation Representative must return these cards to the Port Facility Security Officer within 24 hours: | [x]  | [ ]  |

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| **SECTION FOUR:** | **Print Name** | **Signature** |  |
| Cardholder Requesting Access: |  |  | Date: |
| Authorised Contractor Representative: |  |  | Date: |
| Authorised Accredited Organisation Representative: |  |  | Date: |

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| **SECTION FIVE:** | **(*To be completed by Security Officer or Induction Officer)*** |
| Access Enabled By: | Signature: | Date: |

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## Conditions of Entry for Organisations Accessing Port Waratah Land to Commute

I agree to ensuring that the following conditions of entry are followed whilst I am accessing Port Waratah controlled land to commute to my regular place of employment.

* I will not tailgate or allow other vehicles to tailgate through Port Waratah Security Gates
* I will not share or give my electronic access card to any other person
* I am aware that video surveillance and electronic tracking operates through Port Waratah Site Access Gates and whilst commuting through Port Waratah controlled land.
* I will report any incidents or non-conformances (to conditions of entry) directly to the Port Waratah Operations Supervisor
	+ Kooragang Operations Supervisor – 4907 2361
	+ Carrington Operations Supervisor – 4907 3287
* I will abide by Port Waratah emergency response procedures and follow any directions given during an emergency that occurs whilst attempting to commute across Port Waratah land. I will also report any emergencies that occur on Port Waratah land to the Main Control Room
	+ Kooragang Emergency Number – 4907 2111
	+ Carrington Emergency Number – 4907 3222

STATE: “This is an emergency”

GIVE: Your identity & a call back number

 Location of the emergency

 Nature/type of emergency

 Assistance required (e.g. Fire, Ambulance Police etc.)

 Number of people involved/requiring assistance

ALWAYS HANG UP LAST.

* If I am required to leave the vehicle while commuting across Port Waratah controlled land, then I will wear Person Protective Equipment (PPE) that complies with Port Waratah standards.

**Acknowledgement and Acceptance of Conditions of Entry by Person Requesting Access**

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| **Name:** |  |
| **Position:** |  |
| **Signature:** |  | **Date:** |  |