

*AA No.:		Business Unit:	
Works Title:			
Organisation:			

1. Watercare Contact Personnel

A= WSL Primary point of contact. B= WSL alternate point of contact

	Name	Phone / Mobile
A		
B		

2. Activity location details

Site Location:	
Work Location:	

3. Service Provider Contacts:

Name; (Person responsible for the work)			
Phone:		Mobile Number:	
Name; (Designated HS contact):			
Phone:		Mobile Number:	

4. Access Duration

Start Date:		Start Time:		Finish Date:		Finish Time:	
-------------	--	-------------	--	--------------	--	--------------	--

5. Mandatory documentation transfer

Service provider's H&S Management Plan Watercare Hazard Register

Additional Notes:

6. Approvals

<p>I have read this Access Authority and shall abide by our Health and Safety Management Plan and JSA's associated with the work, Watercare's Control of Work process and relevant standards.</p> <p>Name: Position: Organisation: Date: Signed: _____</p>	<p>The Service Provider is granted access to undertake work on this project.</p> <p>Name: Position: Date: Signed: _____ (Watercare's Representative)</p>
<p>I authorise and grant access to our facility for the specified work to proceed, subject to the provisions contained in this Access Authority.</p> <p>Name: Date: Signed: (Watercare's Authorised Person)</p>	<p>The Activity Authority is hereby closed / cancelled.</p> <p>Signed: _____ Date: (Watercare's Authorised Person)</p> <p>AA expired <input type="checkbox"/> Works complete <input type="checkbox"/> Works cancelled <input type="checkbox"/></p> <p>Reasons for cancellation:</p>