**WORKING IN NETWORK SITES – NOTICE OF PROPOSED WORKS**

**Important**: This form provides notice of proposed works at a site for the purposes of site management and co-ordination only. Its acceptance is **NOT** an approval of the proposed work and does not replace the obligation of the person seeking access to undertake all necessary risk assessments, obtain all required permits and ensure all appropriate PPE is used and practices followed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TO:** | \* | **Fax:** | \* | **Date:** |  |

\* To obtain Network FM details call: Northern (07) 3249 3600; Central (02) 9867 3190; Southern (08) 8433 8014

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **From:** |  | | **Site Name:** |  | | **ADD Id:** |  | |
| **Company or BU:** | |  | | | **No of Pages Sent:** | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF WORKS & ACTIVITIES** | | | | | | | | Work Dates From: | | | | / / | | | | | To: | | / / | | | |
| **Description of Works:** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| CONTRACTOR DETAILS | | | | | | | | | | | | | | | | | | | | | | |
| **Company Name** | | | | | **Project Manager & Site Supervisor Names** | | | | | | Phone No | | | | **Mobile No** | | | | | | **Fax No** | |
|  | | | | |  | | | | | |  | | | |  | | | | | |  | |
|  | | | | |  | | | | | |  | | | |  | | | | | |  | |
| **TELSTRA ACCEPTANCE/CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | |
| **Contract Manager:** | | | | | | | | | **Phone:** | | | | | **Contract Number:** SP | | | | | | | | |
| **Name:** |  | | | | | **Group/Position:** | | | |  | | | | | | | | **Phone:** | | |  | |
| **Name:** |  | | | | | **Group/Position:** | | | |  | | | | | | | | **Phone:** | | |  | |
| **STAKEHOLDERS NOTIFIED OF WORKS:** | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | **Business Unit/Occupier/Person** | | | | | | | | | **Position** | | | | | | | **Phone Number** | | |
|  | | | |  | | | | | | | | |  | | | | | | |  | | |
|  | | | |  | | | | | | | | |  | | | | | | |  | | |
| **TICK TYPES OF WORK & ACTIVITIES (To be worked on, or likely to be affected)** | | | | | | | | | | | | | | | | | | | | | | |
| Location | | | **Electrical** | | | | | HVAC | | | | **Fire Services** | | | | | Building | | | | | |
| Internal | |  | Switching/ Isolation | | | |  | Chillers | | |  | \* Detection/ VESDA | | | |  | Structural | | | | |  |
| External | |  | Essential Power | | | |  | Cooling Towers | | |  | \* Fire Alarms | | | |  | Asbestos | | | | |  |
| Equipment Room | |  | Max/Contract Demand | | | |  | Packaged Units | | |  | \* Hydrants/Hoses | | | |  | Penetrations | | | | |  |
| MDF | |  | UPS / Batteries | | | |  | AHU/Fans/Ducts | | |  | \* Sprinklers | | | |  | Construction /Demolition | | | | |  |
| Plant Rooms | |  | Generator Plant | | | |  | Pipework/Valves | | |  | Gas Detection | | | |  | Scaffolding | | | | |  |
| Cable Chamber | |  | Lighting | | | |  | Drains or Pumps | | |  | Fire Stopping | | | |  | Fixtures/Fittings | | | | |  |
| Office Areas | |  | Elec DBs/Supply | | | |  | Controls | | |  | Fire Doors | | | |  | **Other** | | | | |  |
| Roof | |  | Plumbing | | | |  | Air flow or Vents | | |  | **Cable Runs/Inst.** | | | |  | Toilets/ Amenities | | | | |  |
| Site Share | |  | Water Supply & Tanks | | | |  |  | | |  | **Security** | | | |  | Chems/Fumes/Dangerous Goods | | | | |  |
| Cable Risers | |  | Sewerage / Drainage | | | |  |  | | |  | **Equipment Install** | | | |  | Noise | | | | |  |

(\*) A Fire Protection System Impairment Permit is required for isolation of any Fire Detection and Protection systems. (Any isolation in Strategic Buildings must first be agreed by the Network Property Facility Manager.)

**TICK IF ANY OF THE FOLLOWING MAY BE REQUIRED: (Provide necessary MOPS and WMS if risks evident to the building, building services, network equipment or building occupants due to work scope.)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Building Safety System Isolation / Removal |  | MOP (or WMS) |  | Building Alarm Isolation |  | Change Request |  |
| Fire Protection System Impairment Permit |  | Hot Work / Dust Permit |  | Hoist, Crane, BMU Permit |  | Building Permit |  |

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

**Telstra BSO/Network Property FM OFFICE USE ONLY: Site Inspection and walk through required: YES / NO**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Other Information Required: | | | |  | | | | | | | | | | | |
| Special Conditions: | | |  | | | | | | | | | | | | |
| Faxed To: | |  | | | Fax: | |  | | Date: | |  | Acknowledged: | | | YES / NO |
| Name: |  | | | | | Position: | |  | |  | | | Date: |  | |