

Common User Facility

FM OFFICE USE ONLY	
RFQ Number:	
User/Service Agreement number:	
Received by:	
Date:	

1. COMPANY DATA

Registered Company Name:	_____	ABN:	_____
Registered Company Address:	_____	Postcode:	_____

Commercial / Contracts Manager:	Name:	_____	
Position:	_____	Mobile:	_____
Email:	_____	Phone:	_____

Contact for Notices:	Name:	_____	
Address (if different from above)	_____	Postcode:	_____
Position:	_____	Mobile:	_____
Email:	_____	Phone:	_____

Accounts Payable:	Name:	_____	
Address (if different from above)	_____	Postcode:	_____
Position:	_____	Mobile:	_____
Email:	_____	Phone:	_____

HSE Contact:	Name:	_____	
Position:	_____	Mobile:	_____
Email:	_____	Phone:	_____

Project Manager/Site Contact (at the CUF):	Name:	_____	
Position:	_____	Mobile:	_____
Email:	_____	Phone:	_____

Emergency Contact 1:	Name:	_____	
Position:	_____	Mobile:	_____
Email:	_____	Phone:	_____

Emergency Contact 2:	Name:	_____	
Position:	_____	Mobile:	_____
Email:	_____	Phone:	_____

2. ACTIVITY DESCRIPTION AND PROJECT/WORKS AT THE CUF

What project/works will be undertaken at the CUF?	
Project/Works Name:	
Start Date:	Finish Date:

Please provide a brief description of the project/works and how it will be undertaken			
Description:			
Method:			
Approximate area required for the project/works:			
Approximate number of people on site:	<i>Employees:</i>	<i>Contractors:</i>	<i>Total:</i>
Buildings required:			
Other requirements:			

WHARF BOOKING INFORMATION (if required):

Shipping Agent: _____	
ETA: _____	ETD: _____
Vessel Name: _____	Length: _____
Draft: _____	Ship Cranes: _____

FLOATING DOCK / TRANSFER SYSTEM BOOKING INFORMATION (if required):

Estimated date for access to Floating Dock or Transfer System: _____	
Estimated Docking Date: _____	Estimated Undocking: _____
Estimated Latest date for Access Period: _____	

Machinery and equipment used

Temporary Facilities:

1. Are you going to use temporary facilities? Yes No
2. Will you be supplying these yourself? Yes No

3. RISK RATING

Please select all items which are applicable to your work at the CUF. This will be used to determine your Risk Rating and the level of supporting documentation required prior to entry.

Cleaning/preparation

- Mechanical abrasion (wire brush)
- Washing (low pressure – mains)
- Washing (high pressure – pumped)
- Abrasive blasting

Commissioning/decommissioning

- Demolition
- Hydraulic commissioning
- Electrical commissioning
- Fluid commissioning
- Mechanical commissioning

Environmental

- Dust generation
- Noise generation
- Non-toxic solid waste
- Non-toxic liquid waste
- Sewerage (plumbed)
- Sewerage (Pump out/collect)
- Ballast water (local water)
- Ballast water (foreign water)
- Bilge water discharge
- Toxic solid (inc TBT & Lead based paints)
- Toxic liquid waste
- Fumigation
- AQIS nominated fauna
- Asbestos
- Insecticides/herbicides

Concrete Work

- Concrete preform
- Concrete pouring
- Concrete patching/repair

Fitting and assembly

- Disc cutting/grinding
- Power hand tools
- Manual hand tools
- Gas cutting
- Laser cutting
- Welding (gas and arc)
- Dangerous goods
- Explosives

Chemical Storage

- Class 2: Gasses
- Class 3: Flammable Liquids
- Class 5: Oxidizing Agents
- Class 6: Poisons
- Class 8: Corrosives
- Class 9: Miscellaneous
- C1: Diesel Storage > 1,000ltrs

Note: For placarding and licencing quantities refer to the Dangerous Goods (Storage and Handling of Non-explosives) Regulations 2007, Schedule 1 Quantities of Dangerous Goods

Fuel Transfer

- Water side transfer
- Land side transfer

Machinery

- Fork truck
- SPMT
- EWP/Cherry Picker/Scissor Lift
- Rigging
- Cranes with lift study
- Cranes without lift study
- Cranes (over height-aircraft warning)

Painting

- Brush/roller application
- Pressure pack
- Spray

Radiography

- Radar/Sonar testing
- Weld radiography

Storage

- Shelving
- Stools
- Indoor

Work location

- Scaffold
- Platform ladder
- Over water
- Confined space
- Diving
- Crane basket

For your company's proposed operations and activities **at the CUF** is there documentation for?

- 1. *Environmental Management?* Yes No
- 2. *Health & Safety Management?* Yes No
- 3. *Employee Relations Management?* Yes No

If yes to any of the above, please provide the title and date of document(s):

Note: Before physical access to the AMCCUF is granted, the Facility Manager requires the above documents to be submitted for review and acceptance.

Employee Relations:

1. Do you employ an Employee/Industrial Relations Manager/Advisor? Yes No

2. List the types of work to be performed by your employees/contractors at the CUF e.g. fabrication; stevedoring etc.

3. Are you employing subcontractors? Yes No

4. Are there legally enforceable employee agreements/contracts/industrial instruments in place for all personnel (including employees, contractors and subcontractors) working at the AMCCUF? Yes No

5. List agreements / contracts being used.

Note: Before physical access to the AMCCUF is granted, the Facility Manager requires the above agreements/contracts to be submitted for review and acceptance.

List of insurances that will be provided for Scope of Work

Other Comments

4. FACILITY MANAGERS COMMENTS

For Facility Manager's Use Only.