|  |  |  |  |
| --- | --- | --- | --- |
| Unescorted access to PPA operated port facilities will only be issued to those persons who meet the following requirements: | | | |
| * Valid MSIC   (Mandatory for Dampier) | * Completed Induction   (valid within 30 days) | * Access Application Form (Completed and signed) | * Current Drug and Alcohol Test Result   (valid within 30 days) |

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| APPLICANT TO COMPLETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Initial PPA **A**ccess | | | | | | | | | |  | | | Renewing PPA Access | | | | | | | | |  | | | Change of Employer only | | |
| Personal Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MSIC Number: | | | | |  | | | | | | | | | | | | | | Expiry Date: | | | | | |  | | | | |
| Surname: | | | | |  | | | | | | | | | | | | | | Given Names: | | | | | |  | | | | |
| Date of Birth: | | | | |  | | | | | | | | | | | | | | Contact Number: | | | | | |  | | | | |
| Email: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area to be accessed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PORT HEDLAND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Standard Access** | | | | | | **Land-side Restricted Zones** (MSIC Required) | | | | | | | | | | | | | | | | | **Tug Pen** (MSIC Required) | | | | | | |
| **DAMPIER** (MSIC required as the whole port facility is a Land-side Restricted Zone) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Dampier Port Facility | | | | | |  | | **All areas – only available to specific PPA staff and contractors** | | | | | | | | | | | | | | | | | | |
|  | | | **Bulk Liquids Berth (BLB) – Restricted Access** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **PPA Building access for non-PPA staff** (only available to specific contractors and have been approved by the PSO) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unescorted access to the BLB is restricted and can only be approved by designated PPA personnel. This approval must be obtained prior to access being provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason BLB access is required: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| PPA Contact Person: | | | | | | |  | | | | | | | | | | | | | | Date Approved: | | | | | | |  | |
| Access approved by: | | | | | | |  | | | | | | | | | | | | | | Expiry Date: | | | | | | |  | |
| ASHBURTON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Standard Access** | | | | | | | | **Land-side Restricted Zones** (MSIC Required) | | | | | | | | | | | | | | | | |  | | | | |
| employer/contractor information (to be completed and signed by employer/contractor/self-employed or sole trader) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, |  | | | | | | | | | | | | | | | | of |  | | | | | | | | | | | |
|  | (Employer/contractor representative/self-employed person or sole trader – PRINT NAME) | | | | | | | | | | | | | | | | | (insert company name or stamp) | | | | | | | | | | | |
| Confirm that the above details are correct and request that access to PPA Operated Port Facilities be granted to the applicant. I acknowledge that the PPA will be notified when the applicant ceases to have an operational need to access PPA operated port facilities or is no longer working for the company. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | | | | | | | | | | Date: | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MSIC/INduction STAFF to complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Induction Completed: | | | | | | | | | |  | | | | | | | | | | Access Code: | | | | | | | | |  |
| D&A test sighted, and copy returned: | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | Date: | | |  |
| Identification Document Type and Number: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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