

20-11-2020

AM SPORTS EQUIPMENT

Packing Slip

No 28 Pty Ltd ACN 010 770 153
 x 5579 BRENDALÉ QLD 4500
 eakin Street BRENDALÉ QLD 4500
 07 3205 3388 Fax 07 3205 3522

Date	S.O. No.
23/09/2020	6718

Name / Address
Pittsworth Primary School <u>Not suitable for public</u> tmorr170@eq.edu.au

Ship To
Pittsworth QLD 4356 Pittsworth State School Hume Street PITTSWORTH QLD 4356
Picked by:
Packed by:

P.O. No.	Rep
2000140	JAR

Freight	Ship Date
	23/09/2020

Qty	Unit	Item	Description	Picked	Checked
2.000	Each	MSG-ALU	Foldable Aluminium Futsal goal. 1. 80mm Square extrusion 2. 1-piece cross bar 3. Fully welded corners for strength 4. Interacted net support system. 5. Fully foldable design - net remains attached when stored.		
2.000	Each	MSG-NET	** MSG-NET Sold separately** Futsal Goal Net, Manufactured from 4mm x 100mm white PP mesh.		
1.000	4	DMUG-SGA-01	DMUG-SGA-01 Galvanised Spiral Lock down Anchors. Suitable for holding down multi-use goals including Soccer and Futsal (SET OF 4) OUTDOOR USE ONLY		
1.000	Drop	Freight Outbound-IN...	Insured freight to site, to a max value of \$5000.00 - For full terms and conditions please refer to the attached terms and conditions page. Receiving and unloading of all equipment is the responsibility of client unless stated and quoted otherwise. Northline 10% GST on Sales		

Consignment Note Details:

SupplD	Supplier name	TransNo	InvoiceNo / Payment Ref	Trans Date	Invoice Date	Due date	Pay date	Amount	Text	Status	Pay method	Bankacc	OrderNo	Period	TT
S00060337	Grand Slam Sports Equipment	19005031	35790	30/11/2020	23/11/2020	23/12/2020	1/12/2020	-4,007.30	Fodable Aluminium Goal	N	AE	GENERAL	2000140	202011	IP
S00060337	Grand Slam Sports Equipment	21000987	20331950	1/12/2020	1/12/2020		1/12/2020	4,007.30		N		GENERAL	0	202012	AE
							1/12/2020	0.00							
								0.00							

Released under RTI Act by DoE

Pearljaney Pty Ltd

ATF Keiboobilly Family Trust
 T/A PK & BT Bland Rural Enterprises
 Lot 5 Bligh Street - PO Box 154
 MILLMERRAN Q 4357

Tax Invoice

A.B.N. 50 169 164 046

Invoice No.: 00048557

A.C.N. 093 572 215

Date: 31/05/2019

Bill To:

PITTSWORTH STATE PRIMARY SCHOOL
 42 HUME STREET
 PITTSWORTH QLD 4356

10 JUN 2019

DESCRIPTION	AMOUNT	CODE
DELIVERY DOCKET - 2638 - 2.00T SAND -	\$660.00	GST

APPROVED TO PAY		PAID	
Goods received by:	<i>JK</i>	Date:	<i>11-6-19</i>
Date:	<i>11/6/19</i>	Date:	<i>11-6-19</i>
SUPPLIER:	<i>50005706</i>	CHO:	<i>17005268</i>
ACCOUNT:	<i>524018</i>	EFT	PREMIT
SUBCC:	<i>201912</i>		
EDQUIP NO:			

Your Order No:	Customer ABN: 10 000 000 000	Freight:	\$0.00 GST
Bank Details -	Terms: Net 30	GST:	\$60.00
Westpac		Total Inc GST:	\$660.00
BSB 034-037		Amount Applied:	\$0.00
A/C 336 283		Balance Due:	\$660.00
Ring office for easy credit card payments			
07 46951 332			

Code	Rate	GST	Sale Amount
GST	10%	\$60.00	\$600.00

Cancer Council Victoria

ABN: 61 426 486 715

615 St Kilda Road, MELBOURNE VIC 3004

Ph: 1300 354 144, Fax: 1300 490 344



TAX INVOICE 20-00045134



Sales Person: CC Online Store I

Date: 28 Aug 2020

Paid In Full: 28 Aug 2020

CUSTOMER DETAILS		Reference: INT_9082_ccv_20200828105417	
Billing		Delivery	
Pittsworth State School Kylie Ladner 42 Hume Street PITTSWORTH QLD 4356 Australia	Account#: XO-726548	Pittsworth State School Kylie Ladner 42 Hume Street PITTSWORTH QLD 4356 Australia	P:07 46198333

Order Comments

SHIPPING : STANDARD

DESCRIPTION:	QTY:	UNIT PRICE: (INC TAX)	TOTAL: (EX TAX)	TOTAL: (INC TAX)
Moisturising Sunscreen SPF50+ (ID: 128191, 9321299300338, 1254) Size: 1LT	2	\$43.50	\$87.00	\$87.00

Freight: \$9.09 \$10.00

OUR DIRECT DEPOSIT DETAILS:

TOTAL ITEMS:	2	GRAND TOTAL:	\$96.09	\$97.00
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ACC Name:
BSB:
ACC:

TOTAL PAID:	\$97.00
ROUNDING:	\$0.00
TOTAL GST:	\$0.91
BALANCE DUE:	\$0.00

Payment History				
Payment Method	Date	Outlet	Amount	Balance
Braintree (Ref: 6m9wedd0)	28/08/2020 00:00	Melbourne Warehouse	\$97.00	\$0.00

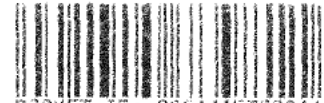
Please retain your receipt for proof of purchase.
Please choose carefully, as we do not give refunds if you simply change your mind or make a wrong decision. We will accept exchanges for change of mind purchases within 30 days from the original purchase date. Products and packaging must be in original condition, including swing tags attached. You are entitled to choose between a refund or exchange where goods are faulty, have been wrongly described, are different from a sample shown to you or do not do what they are supposed to do. If after 30 days from purchase date, we can offer exchange and is limited to comply with consumer rights only. Please choose carefully when selecting sunscreen, moisturisers and cosmetics. There is no exchange or refund on these items due to health reasons.

Donations of \$2 or more are tax deductible, please retain your receipt.

LOWES-MANHATTAN PTY LTD
ABN 31 000 307 666
TAX INVOICE

IPAD ORDER# 1728652

NAME : Kylie Ladner
PHONE: 0746198333 - 0746198333
ADDRESS: 42 Hume , Pittsworth, QLD 4346



DOCKET ID: 2001415739611

LOWES GRAND CENTRAL PH:07 4638 9471
25/11/19 11:29 AM 157-2-EW-20014
Clerk: 2:Sallyann

150002494183	BTGE	3	149.85
Lowes Elastic Twill Work Pants			
1892100497181	BZIF	3	135.00
Lowes Long Sleeve Hi-Vis Shirt			
9316711246762	EIE	1	17.95
Lowes Large Open Beach Explore			

TOTAL INCLUDING GST	302.80
EFT	302.80
TOT TEND	302.80
CHANGE	0.00

\$27.53 GST INCLUDED IN TOTAL SALE

LOWES ONLINE-SHOP
[HTTP://WWW.LOWES.COM.AU](http://www.lowes.com.au)

PLEASE RETAIN THIS DOCKET FOR
CHANGE OF MIND RETURN OR
EXCHANGE PURPOSES WITHIN 90 DAYS.
GARMENTS AND TAGS MUST BE
IN ORIGINAL CONDITION.

ANZ EFTPOS

ANZ CUSTOMER COPY

LOWES MANHATTAN PTY

SH2/3 GRAND CENTRAL
100WOOMBA 4350

TERMINAL ID 00694002203
MASTERCARD (M) CR
9893

PUR AUD \$302.80

APPROVED AUTH 068520
STAN 216601



Toowoomba

Workwear Discounts
 2/267a Margaret Street
 Toowoomba, Qld 4350
 ABN 33 203 794 574
 Tel: 1300 720 366
 Fax: 07 4638 7299

Direct Deposit Details:
 BSB: 112-879
 Account: 043427215
 Tel: 1300 720 366
 Enquiries: service@workweardiscounts.com.au
 Web Site: www.workweardiscounts.com.au

TAX INVOICE I-235745



Invoiced 10/6/2020
 Modified 10/6/2020

PO:
 Shipping: None

section 78B - Nq

QLD
 Australia

Contact

section 78B - (mobile)

Shipping Address

QLD
 Australia

Product Code	Description	Sell Inc GST	Qty	BO	Total Inc GST
RB-USBOK-Oil kip-08	Redback USBOK Bobcat Pull On Steel Cap Boots Oil Kip Size 08	\$129.95	1	0	\$129.95
	<i>Payments</i>				
	Credit Applied	10/6/2020	I-235744		\$129.95
			Total Qty	1	

Released under RTI Act by DPOL

This Tax Invoice is GST inclusive.
 Goods remain the property of Workwear Discounts until paid for in full.
 Refund Policy: A copy of your receipt will be required for refunds, exchanges or warranty claims.
 Goods ordered in specifically by customers cannot be refunded or exchanged if these goods are not part of the regular stock holdings of Workwear Discounts. Restocking fees in other circumstances may apply.
 All goods returned for exchange or refund must be in their original condition.
 Worn, dirty, embroidered, screen printed, or altered goods are not eligible for exchange or refund unless faulty.
 Specials can only be returned within 14 days of purchase. Specials can be exchanged if they are in their original condition and are still available in store.
 Footwear can only be returned within 30 days of purchase unless faulty.

Signature _____

Subtotal Ex GST	\$118.14
GST	\$11.81
Total Inc GST	\$129.95
Payment	\$129.95
Balance	\$0.00



Cancer Council Victoria
 ABN: 61 426 486 715
 615 St Kilda Road, MELBOURNE VIC 3004
 Ph: 1300 354 144, Fax: 1300 490 344

TAX INVOICE 20-00033018



Sales Person: CC Online Store I
 Date: 06 May 2020
 Paid In Full: 06 May 2020

CUSTOMER DETAILS		Reference: INT_9398_ccv_20200506150540	
Billing		Delivery	
Pittsworth State School Kylie Ladner 42 Hume Street Pittsworth QLD 4356 Australia	Account#: XO-726548	Pittsworth State School Kylie Ladner PO Box 212 Pittsworth QLD 4356 Australia	P:07 46198333

Order Comments

SHIPPING : STANDARD

DESCRIPTION:	QTY:	UNIT PRICE: (INC TAX)	TOTAL: (EX TAX)	TOTAL: (INC TAX)
Moisturising Sunscreen SPF50+ (ID: 128191, 9321299300338, 1254) Size: 1LT	2	\$39.15	\$78.30	\$78.30 DISC :\$8.70 (10.0%)
Freight:			\$0.00	\$0.00

OUR DIRECT DEPOSIT DETAILS:

ACC Name:
BSB:
ACC:

TOTAL ITEMS:	2	GRAND TOTAL:	\$78.30	\$78.30
		TOTAL PAID:	\$78.30	
		ROUNDING:	\$0.00	
		TOTAL DISCOUNT:	DISC: \$8.70 (10.0%)	
		TOTAL GST:	\$0.00	
		BALANCE DUE:	\$0.00	

Payment History

Payment Method	Date	Outlet	Amount	Balance
SecurePay (Ref: 808245)	06/05/2020 00:00	Melbourne Warehouse	\$78.30	\$0.00

Please retain your receipt for proof of purchase.
 Please choose carefully, as we do not give refunds if you simply change your mind or make a wrong decision. We will accept exchanges for change of mind purchases within 30 days from the original purchase date. Products and packaging must be in original condition, including swing tags attached. You are entitled to choose between a refund or exchange where goods are faulty, have been wrongly described, are different from a sample shown to you or do not do what they are supposed to do. If after 30 days from purchase date, we can offer exchange and is limited to comply with consumer rights only. Please choose carefully when selecting sunscreen, moisturisers and cosmetics. There is no exchange or refund on these items due to health reasons.

Donations of \$2 or more are tax deductible, please retain your receipt.

HELPFUL MITRE 10

PITTSWORTH HARDWARE
74 YANDILLA STREET
PITTSWORTH 4356 ABN:94 733 018 619
TEL : 07 4693 1333 FAX : 07 4693 2191

PITTSWORTH STATE PRIMARY SCHOOL
HUME STREET
PITTSWORTH QLD 4356
Phone: 46198333 Home:
--- DELIVER TO ---
GAS APPROVED

Tax Invoice # 12822444

Date: wed 06-05-20 02:18pm A/C:177100
Our Ref: No: MURRAY
Taken By :MURRAY 10/TERM03

Item	Qty	Price	Total
738810 EARMUFFS HI VIS PYTHON 310B	1 Each	34.99	\$34.99*
PLEASE NOTE OUR NEW BANK DETAILS		16.00	
BSB - 084961 A/C - 424913217			

GST \$3.18

Total \$34.99

SAM THANKS YOU FOR SHOPPING AT
PITTSWORTH HARDWARE

Khadija
P.P.E
Signed



PO Box 517
74 Yandilla Street,
Pittsworth QLD 4356
ABN: 94 733 018 619
TEL: 07 4693 1333 FAX: 07 4693 2191
EMAIL: admin@pittsworthhardware.com.au

Invoice/Statement For : 31/05/2020

2 JUN 2020

PHOO

Account : 177100
Page : 1

	Qty	Unit Price Ex	Total GST	Total Inc	Balance
Taken By: MURRAY					389.22
PYTHON 310B	1	31.81	3.18	34.99	
Inv Total			3.18	34.99	✓ 424.21
Taken By: MURRAY					
WHITE 18MMX18M #1510 TARTAN	1	2.26	0.23	2.49	
LACK 18MMX18M #1510 TARTAN	1	2.08	0.21	2.29	
Inv Total			0.44	4.78	✓ 428.99
Taken By: MURRAY					
OX75MM SF	1	4.99	0.50	5.49	
Inv Total			0.50	5.49	✓ 434.48
Taken By: MURRAY					
OX65 D/END PHILIPS	1	3.45	0.34	3.79	
Inv Total			0.34	3.79	✓ 438.27
Taken By: MURRAY					
OX30KG PK1	2	10.90	2.18	23.98	
OXMM PK5	1	2.99	0.30	3.29	
Inv Total			2.48	27.27	✓ 465.54
Taken By: MURRAY					
OXMM6M PINK	1	2.26	0.23	2.49	
Inv Total			0.23	2.49	✓ 468.03
					468.03

APPROVED TO PAY

PAID

Received By: *[Signature]*

Date: 4-6-2020

Date: 4/6/2020

REF:	520067918	#	17003583
ACCOUNT:	524023	CHK	
SUBCC:	201915	EFT	20149046
EDQUIP NO:		REMIT	

\$ 202.28 paid 16/3/2020
RTI Application 215437 - Document 29 of 48

BUNNINGS
WAREHOUSE

11111111111111111111
BUNNINGS GROUP LIMITED
ABN 26 068 672 119
Ph: 07 45924900

Sun 08/03/2020 02:24:17 PM
FRONT END REGISTERS R02

Sale
**** TAX INVOICE ****

SALES TAX CLASSES SAFETY SHIRT TEMPLE
BUNNINGS 20000920931 \$17.98
Subtotal \$17.98
TOTAL \$17.98
GST \$1.63
TOTAL \$17.98

50195 R02 P847 0586814 #002-22120 8755-2020-03-04



Thank you for shopping with Bunnings
Please retain receipt for proof of purchase

Have Your Say

Give us your feedback online at
www.bunnings.com.au/haveyoursay

COMMONWEALTH BANK EFTPOS
BUNNINGS TOOWOOMBA
8195 REN 02 OLD
TERMINAL 93446302
REFERENCE 068352

CUSTOMER COPY
CARD NO: 4054-5011(c)
EXPIRY DATE:
ATD: 0000000031010
ATC: 643 YVR: 0000000000
CSN: 00 EDE2056500942566
08 MAR 2020 14:24

Visa Debit
CREDIT PURCHASE \$17.98
TOTAL AUD \$17.98

APPROVED BY 09
AUTH NO: 126371
ISS REF NO: 00222120
THANK YOU

FOR REIMBURSEMENT

Name:

section 78B - Not suitable for publication

Yes No

REASON FOR PURCHASE	AMOUNT	SUB CC	ACCOUNT
HOME BAKERY	\$ 17.98		
	\$		
	\$		
	\$		
TOTAL	\$		

I purchased for school use only in relation to my official duties.
I claim in full.
Each attached receipt have been sighted by an independent officer.
Previously paid.

My claim process is credited back to my staff pay account
I claim per claim unless prior approval in writing has been sought from a purchasing

Date

13/3/2020

Signature made to ensure that:

Signature correct
Where applicable
For all purposes
Sighted/verified by an independent officer

17003531

APPROVED

Date

30.3.2020

RemittID

2081588

Date

31.3.2020

Receipt Received

30/3/2020

Access Permit Status:

-- All --

From Date:


01/07/2020

Facility:

PITTSWORTH STATE SCHOOL

To Date:

30/11/2020

Search [New Access Permit](#)

Permits

Permit Number	Contractor	Facility	Reason for Access	From Date	To Date	Status
578	TBA	PITTSWORTH STATE SCHOOL	Burst water pipe between disabled toilet block & sandpit	23/11/2020 9:00:00 AM	24/11/2020 5:00:00 PM	Cancelled
577	Cameron Collins	PITTSWORTH STATE SCHOOL	Burst water pipe between disabled toilet block & sandpit	23/11/2020 9:00:00 AM	24/11/2020 5:00:00 PM	Closed
576	Glynn McNamara	PITTSWORTH STATE SCHOOL	P5 - Prep Kitchen area a/c not working	18/11/2020 12:00:00 PM	18/11/2020 5:00:00 PM	Closed
575	Rob Paynter	PITTSWORTH STATE SCHOOL	Continual module failure, • Expander dropping out	17/11/2020 9:00:00 AM	20/11/2020 5:00:00 PM	Closed
572	Luke Dawson	PITTSWORTH STATE SCHOOL	Repair burst pipe	4/11/2020 9:00:00 AM	6/11/2020 5:00:00 PM	Closed

15/10/20

Permit No: 570

WORK AREA ACCESS PERMIT

Page 4 of 15

Permit Work Items		
Buildings Affected	Description of Work Area (rooms & spaces)	Work Description
A BLOCK	Hume St Gutter	water flowing to gutter from unknown source
AMENITIES	G2 Snr Boys Urinal	Fix leaking sensor /valve
COMMUNITY TECHNOLOGY CENTRE	PFC Toilet	Leak under basin
SITE GROUNDS	Front of school/B Block	burst pipe/minor leak

Return Visit 21.10.2020
 Cameron Collins
 Hannells Plumbing & Gas
 Completed 21.10.2020

Permit No:

WORK AREA ACCESS PERMIT

VALID: From: Time: Date: Until: Time: Date:

Facility Name:

Buildings Affected: Office	Description of Work Area (rooms & spaces): Leaking Pipe	Work Description: Fix water leak
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Initiating Work Order / Purchase Order (if applicable):

Special Conditions (if any) required by the Nominated Officer:

BEFORE THE WORK COMMENCES

SERVICE PROVIDER	<p>ACKNOWLEDGEMENT: I will ensure that I and all workers (including subcontractors*) who perform work in the work area specified in this Permit will comply with the 'Conditions of Access' attached to this Permit. <i>The Department of Education and Training requires that before any electrical work is undertaken, the relevant electrical circuit is isolated at the switchboard. NB: This includes any work associated with changing light tubes.</i></p> <p>Service Provider*: Full name of person: (print) X Luke Dawson Signature: X [Signature]</p> <p>Name of organisation: Hummel's plumbing & gas Contact No: Office: Mobile: s.47(3)(b) - Contrary to Time: 2:00 Date: 15/10/20</p> <p>Asbestos Class A or Class B removal licence number (if applicable): X.....</p> <p>1. Business names of all proposed subcontractors for the work must be listed in the space provided at the bottom of this page. 2. Name of the person who accepts responsibility for the on-site supervision and conduct of the work.</p>
-------------------------	---

CLIENT	<p>ACCESS AUTHORISATION: Permission to access the work area is granted and the relevant asbestos register has been made available to the Service Provider.</p> <p>Name of the Workplace Health and Safety Officer advised - if applicable: (print) Contact No:</p> <p>Name of the Workplace Representative advised - if applicable: (print) LEAN KELLY</p> <p>Nominated Officer: Full name: X [Signature] Signature: X [Signature] Time: 15-10-20 Date: / / (or delegate) (print) (or Facility Identification Stamp)</p>	FACILITY IDENTIFICATION STAMP HERE
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Note: This section of the Permit only grants permission to the Service Provider to access the designated work area to undertake the work described on this Permit. It does not: i) signify approval of the scope of work, ii) alter any contractual or statutory obligations for the work, or iii) provide approval for any variation to the contract for the work.

LIST OF SUBCONTRACTORS:

Business name:	Contact details: (name, phone numbers)
.....
.....

AFTER THE WORK IS COMPLETED

A) ASBESTOS INFORMATION:

- 1. Did the work involve contact with or working on any Asbestos Containing Material (ACM)? Yes No
- 2. Did the work involve removing or replacing any ACM (including assumed ACM)?
If 'Yes', provide data in approved format.* & ** Yes No
- 3. Did the work involve any sample testing for asbestos?
If 'Yes', provide data in approved format.* Yes No
- 4. Was any ACM discovered during the work that was not previously recorded? (e.g. concealed in a cavity)
If 'Yes', provide data in approved format.* Yes No
- 5. Does the 'Work Description' on the front page of the Permit accurately describe the work undertaken?
If 'No', please provide additional details: Yes No

* Nominated Officer provides the 'Minimum requirements when providing data for inclusion in the whole-of-Government central asbestos register' document and the formats from the GovNet Asbestos Management and Control website (<http://hpw.govnet.qld.gov.au/asbestos/>) to the service provider. The Service Provider is to provide a copy of their asbestos removal control plan or safe work method statement, a copy of the notification form/s to the regulator (as required), and a copy of any ACM and/or air monitoring sample results collected.

** Nominated Officer provides a blank copy of the ACM Disposal Form obtained from the GovNet website to the service provider.

- B) CLEARANCE:** (This section is only to be completed if asbestos removal work¹ has been undertaken or if a required third-party clearance certification has been specifically requested under the terms of engagement for the work). The asbestos-related work is completed. The asbestos work area has been thoroughly cleaned and inspected and there is no visual evidence of dust or debris. If air monitoring was carried out by an asbestos assessor or independent competent person as part of the clearance inspection, the airborne asbestos fibre level was less than 0.01 asbestos fibres/ml. This area is now cleared for return to normal use.

Asbestos Assessor or Independent Competent Person²: Name: (print) X..... Signature: X.....

Organisation: Asbestos Assessor Licence No. (if applicable): Clearance Inspection Time: Date: / /

- 1. 'asbestos removal work' means work involving the removal of an item of ACM; excludes maintenance tasks such as cutting penetrations.
- 2. defined by the Workplace Health and Safety Queensland (WHSQ) Code of Practice 2011 – How to Safely Remove Asbestos.

- C) COMPLETION – Area available for reuse:** The work described has now been completed. The work was carried out in accordance with all relevant statutory requirements and the safe work method statement or asbestos removal control plan (where required), details in the 'Asbestos Information' section (A) above are complete and has been signed by a licensed asbestos assessor or independent competent person in 'Clearance' section (B) where applicable. The work area has been thoroughly cleaned and inspected and is now available for return to normal use.

Service Provider: Full name of person: (print) X *Camaron Collins* Signature: X.....

Name of organisation: *Hammels Plumbing & Gas* Time: *14:00* Date: *16/10/2020*

SERVICE PROVIDER

Permit No:

WORK AREA ACCESS PERMIT

Page 3 of 6

CLIENT

Note: This section of the Permit is only acknowledgement that advice has been received from the Service Provider that the work has been completed and the work area is available for return to normal use.

I have been advised that i) the work is completed, ii) the area has been left in a clean and tidy condition, and iii) access is no longer required. **This Permit is now closed.**

Nominated Officer: Name: (print) X. GAIL ANN COONAN Signature: X. [Signature] Time: Date: 30/11/2020

OFFICE USE ONLY

Note: All documentation associated with this Permit (clearance certificates, waste transfer certificates, analysis results, etc.) must be kept as a hardcopy in the Asbestos Management Plan or in accordance with departmental record retention procedures.

Released under RTI Act by DOE

WORK AREA ACCESS PERMIT

CONDITIONS OF ACCESS

The **Work Area Access Permit** (the Permit) grants conditional permission to access the work area subject to these Conditions of Access. These conditions form part of the risk control measures to minimise occupational health and safety risks from asbestos containing materials at this facility.

Note: The Service Provider* should read these conditions in conjunction with any other relevant documentation for the work being undertaken, such as a contract specification. The conditions provided with the Permit in no way limit the contractual or statutory obligations of persons undertaking the work.

The Service Provider must ensure **all persons** carrying out the work (including subcontractors) are familiar with all Conditions of Access provided.

(* refers to the person who accepts responsibility for the on-site supervision and conduct of the work described on the Permit. This person's name must be recorded on the Permit.

INSTRUCTIONS FOR ALL WORKERS TO READ AND COMPLY WITH

1. Conditions of Access

If you do not understand any of the conditions or are unsure about the safety precautions you need to follow, seek advice before commencing any work.

BE AWARE: Buildings can have other health and safety hazards present (e.g. electricity, hazardous chemicals, high temperatures). You are responsible for identifying these hazards, conducting a risk assessment and putting in place appropriate controls.

2. Local Instructions

You must make yourself aware of any special procedures that need to be followed at this facility, such as parking restrictions, access and egress rules, isolating electricity, permissible hours of work, evacuation procedures, rules on smoking or limitations on noise. You must ensure you have the contact details of the building's Nominated Officer (and other delegated Officers). You need to keep them regularly informed of work progress and any other important information such as possible business interruptions. You must also provide any relevant work procedure documentation requested by the Nominated Officer, to ensure they are fully satisfied with your explanation of how the work will proceed and the control measures you will have in place to minimise risk to the health and safety of the workers, occupants and visitors of this facility.

3. Provide Warning Signs and Barriers

You must ensure appropriate safety warning signage and barriers are in place for the duration of the work. As a minimum, these should comply with the requirements of the *Work Health and Safety Regulation 2011*. You should also liaise with the Nominated Officer to identify whether any additional signage or barriers are required due to particular business operations at this facility.

4. Managing electrical risks (including in ceiling spaces)

Before starting work on or near electrical installations or services, you must complete a risk assessment (considering damaged cables, live building elements, solar panels and other sources of electricity) and implement appropriate controls to manage risks from electricity (e.g. safe work method statement, turn off electricity before starting work, not walking on electrical cables). **NOTE:** You must speak with the building's Nominated Officer before turning off electricity.

5. Location of ACM

You must ensure you are aware of the location of any ACM that will or could be disturbed during your work. You must take appropriate precautions, including checking the asbestos register before starting work. *If you suspect an ACM is present and it is not listed in the asbestos register, stop work and contact the Nominated Officer.*

- Note**
- (i) In the asbestos register, any sheeting (wall, ceiling, etc.) with a "mixed" ACM analysis result must be assumed to be low density asbestos fibre board (LDB) unless sample testing determines otherwise. Any sheeting with a status of "assumed", but suspected of being LDB, must be either sample tested to determine whether it is LDB or treated as if it is LDB. Depending on the result of a competent person's risk assessment, work on LDB may require greater controls than asbestos cement sheeting.
 - (ii) Take care when working in concealed spaces, such as wall cavities and ceiling spaces, as they may still contain small amounts of ACM dust, debris or waste, even if the ACM has been recorded as removed.

6. Transporting and disposing of asbestos waste

You must ensure the transporting and disposal of waste is in accordance with local and State Government environmental protection requirements. For all ACM removed, provide any records, such as waste transport certificate docket number/s, to the Nominated Officer for inclusion in the Asbestos Management Plan and complete the ACM Disposal Form (available from the Nominated Officer on the GovNet website <http://hpw.govnet.qld.gov.au/asbestos/>).

7. Steps to be followed:

You must ensure you: **PLAN** before any work commences; **PREPARE** the work area; **WORK SAFELY** during the work; **CLEAN UP** the work area upon completion; **CONFIRM** the work area is clear to return to normal use; and **PROVIDE** the completed and signed WAAP to the building's Nominated Officer.

Released under RTI Act 2011

Permit No:

WORK AREA ACCESS PERMIT

Page 6 of 6

Released under RTI Act by DoE

WORK AREA ACCESS PERMIT

VALID: From: Time: 09:00 Date: 04/11/2020 **Until:** Time: 17:00 Date: 06/11/2020

Facility Name: PITTSWORTH STATE SCHOOL

Buildings Affected:	Description of Work Area (rooms & spaces):	Work Description:
OTHER	Burst water pipe grounds, south of amenities block	Repair burst pipe

Initiating Work Order / Purchase Order (if applicable):

Special Conditions (if any) required by the Nominated Officer:

BEFORE THE WORK COMMENCES

SERVICE PROVIDER	<p>ACKNOWLEDGEMENT: I will ensure that I and all workers (including subcontractors*) who perform work in the work area specified in this Permit will comply with the 'Conditions of Access' attached to this Permit. <i>The Department of Education and Training requires that before any electrical work is undertaken, the relevant electrical circuit is isolated at the switchboard. NB: This includes any work associated with changing light tubes.</i></p>
	<p>Service Provider²: Full name of person: (print) X TBA Signature: X <i>Edawson</i></p> <p>Name of organisation: TBA <i>Hammel's plumbing</i> Contact No: Office: Mobile: s.47(3)(b) - Contrary to Time: <i>1:00</i> Date: <i>4/11/2020</i></p> <p>Asbestos Class A or Class B removal licence number (if applicable): X.....</p> <p><small>1. Business names of all proposed subcontractors for the work must be listed in the space provided at the bottom of this page. 2. Name of the person who accepts responsibility for the on-site supervision and conduct of the work.</small></p>

CLIENT	<p>ACCESS AUTHORISATION: Permission to access the work area is granted and the relevant asbestos register has been made available to the Service Provider.</p>
	<p>Name of the Workplace Health and Safety Officer advised - <i>if applicable</i>: (print) Contact No:</p> <p>Name of the Workplace Representative advised - <i>if applicable</i>: (print)</p> <p>Nominated Officer: Full name: X Carol Coonan Signature: X <i>CC</i> Time: Date: <i>4/11/2020</i> (or delegate) (print) (or Facility Identification Stamp)</p> <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin-left: auto;"> <p>FACILITY IDENTIFICATION STAMP HERE</p> </div>

Note: This section of the Permit only grants permission to the Service Provider to access the designated work area to undertake the work described on this Permit. It does not: i) signify approval of the scope of work, ii) alter any contractual or statutory obligations for the work, or iii) provide approval for any variation to the contract for the work.

AFTER THE WORK IS COMPLETED

A) ASBESTOS INFORMATION:

- 1. Did the work involve contact with or working on any Asbestos Containing Material (ACM)? Yes No
- 2. Did the work involve removing or replacing any ACM (including assumed ACM)?
If 'Yes', provide data in approved format. * & ** Yes No
- 3. Did the work involve any sample testing for asbestos?
If 'Yes', provide data in approved format. * Yes No
- 4. Was any ACM discovered during the work that was not previously recorded? (e.g. concealed in a cavity)
If 'Yes', provide data in approved format. * Yes No
- 5. Does the 'Work Description' on the front page of the Permit accurately describe the work undertaken?
If 'No', please provide additional details: Yes No

* Nominated Officer provides the 'Minimum requirements when providing data for inclusion in the whole-of-Government central asbestos register' document and the formats from the GovNet Asbestos Management and Control website (http://hpw.govnet.qld.gov.au/asbestos/) to the service provider. The Service Provider is to provide a copy of their asbestos removal control plan or safe work method statement, a copy of the notification form/s to the regulator (as required), and a copy of any ACM and/or air monitoring sample results collected.

** Nominated Officer provides a blank copy of the ACM Disposal Form obtained from the GovNet website to the service provider.

B) CLEARANCE: (This section is only to be completed if asbestos removal work* has been undertaken or if a required third-party clearance certification has been specifically requested under the terms of engagement for the work). The asbestos-related work is completed. The asbestos work area has been thoroughly cleaned and inspected and there is no visual evidence of dust or debris. If air monitoring was carried out by an asbestos assessor or independent competent person as part of the clearance inspection, the airborne asbestos fibre level was less than 0.01 asbestos fibres/ml. This area is now cleared for return to normal use.

Asbestos Assessor or Independent Competent Person*: Name: (print) X..... Signature: X.....

Organisation: Asbestos Assessor Licence No. (if applicable): Clearance Inspection Time: Date: / /

- 1. 'asbestos removal work' means work involving the removal of an item of ACM; excludes maintenance tasks such as cutting penetrations.
- 2. defined by the Workplace Health and Safety Queensland (WHSQ) Code of Practice 2011 – How to Safely Remove Asbestos.

C) COMPLETION – Area available for reuse: The work described has now been completed. The work was carried out in accordance with all relevant statutory requirements and the safe work method statement or asbestos removal control plan (where required), details in the 'Asbestos Information' section (A) above are complete and has been signed by a licensed asbestos assessor or independent competent person in 'Clearance' section (B) where applicable. The work area has been thoroughly cleaned and inspected and is now available for return to normal use.

Service Provider: Full name of person: (print) X TBA Luke Dawson Signature: X.....
Name of organisation: TBA Hammel's Plumbing Time: 2:00 Date: 4/11/2020

Note: This section of the Permit is only acknowledgement that advice has been received from the Service Provider that the work has been completed and the work area is available for return to normal use.

I have been advised that i) the work is completed, ii) the area has been left in a clean and tidy condition, and iii) access is no longer required. This Permit is now closed.

Nominated Officer: Name: (print) X..... Signature: X..... Time: Date: 4/11/2020

SERVICE PROVIDER

CLIENT

Permit No: 577

WORK AREA ACCESS PERMIT

VALID: From: Time: 09:00 Date: 23/11/2020 Until: Time: 17:00 Date: 24/11/2020

30/11 2020

Facility Name: PITTSWORTH STATE SCHOOL

Buildings Affected:	Description of Work Area (rooms & spaces):	Work Description:
SITE GROUNDS	Burst water pipe between disabled toilet block & sandpit	Burst water pipe between disabled toilet block & sandpit

Initiating Work Order / Purchase Order (if applicable):

Special Conditions (if any) required by the Nominated Officer:

BEFORE THE WORK COMMENCES

ACKNOWLEDGEMENT: I will ensure that I and all workers (including subcontractors*) who perform work in the work area specified in this Permit will comply with the 'Conditions of Access' attached to this Permit. *The Department of Education and Training requires that before any electrical work is undertaken, the relevant electrical circuit is isolated at the switchboard. NB: This includes any work associated with changing light tubes.*

Service Provider: Full name of person: (print) X TBA *Carson Colburne* Signature: X *[Signature]*

Name of organisation: TBA *Hammels Plumbing & Gas* Contact No: Office: Mobile: TEL: *s.47(3)(b) - Contra* Time: *1:34pm* Date: *23/11/2020*

Asbestos Class A or Class B removal licence number (if applicable): X.....

1. Business names of all proposed subcontractors for the work must be listed in the space provided at the bottom of this page.
2. Name of the person who accepts responsibility for the on-site supervision and conduct of the work.

ACCESS AUTHORISATION: Permission to access the work area is granted and the relevant asbestos register has been made available to the Service Provider.

Name of the Workplace Health and Safety Officer advised - if applicable: (print) Contact No: *s.47(3)(b) - Contra*

Name of the Workplace Representative advised - if applicable: (print) *LEAH KELLY*

Nominated Officer: Full name: X Carol Coonan Signature: X *[Signature]* Time: *1-41pm* Date: *23/11/2020*
(or delegate) (print) (or Facility Identification Stamp)

FACILITY IDENTIFICATION STAMP HERE

Note: This section of the Permit only grants permission to the Service Provider to access the designated work area to undertake the work described on this Permit. It does not: i) signify approval of the scope of work, ii) alter any contractual or statutory obligations for the work, or iii) provide approval for any variation to the contract for the work.

AFTER THE WORK IS COMPLETED

A) ASBESTOS INFORMATION:

- 1. Did the work involve contact with or working on any Asbestos Containing Material (ACM)? Yes No
- 2. Did the work involve removing or replacing any ACM (including assumed ACM)?
If 'Yes', provide data in approved format. * & ** Yes No
- 3. Did the work involve any sample testing for asbestos?
If 'Yes', provide data in approved format. * Yes No
- 4. Was any ACM discovered during the work that was not previously recorded? (e.g. concealed in a cavity)
If 'Yes', provide data in approved format. * Yes No
- 5. Does the 'Work Description' on the front page of the Permit accurately describe the work undertaken?
If 'No', please provide additional details: Yes No

* Nominated Officer provides the 'Minimum requirements when providing data for inclusion in the whole-of-Government central asbestos register' document and the formats from the GovNet Asbestos Management and Control website (<http://hpw.govnet.qld.gov.au/asbestos/>) to the service provider. The Service Provider is to provide a copy of their asbestos removal control plan or safe work method statement, a copy of the notification form/s to the regulator (as required), and a copy of any ACM and/or air monitoring sample results collected.

** Nominated Officer provides a blank copy of the ACM Disposal Form obtained from the GovNet website to the service provider.

B) CLEARANCE: (This section is only to be completed if asbestos removal work has been undertaken or if a required third-party clearance certification has been specifically requested under the terms of engagement for the work). The asbestos-related work is completed. The asbestos work area has been thoroughly cleaned and inspected and there is no visual evidence of dust or debris. If air monitoring was carried out by an asbestos assessor or independent competent person as part of the clearance inspection, the airborne asbestos fibre level was less than 0.01 asbestos fibres/ml. This area is now cleared for return to normal use.

Asbestos Assessor or Independent Competent Person²: Name: (print) X..... Signature: X.....

Organisation: Asbestos Assessor Licence No. (if applicable): Clearance Inspection Time: Date: / /

- 1. 'asbestos removal work' means work involving the removal of an item of ACM; excludes maintenance tasks such as cutting penetrations.
- 2. defined by the Workplace Health and Safety Queensland (WHSQ) Code of Practice 2011 – How to Safely Remove Asbestos.

C) COMPLETION – Area available for reuse: The work described has now been completed. The work was carried out in accordance with all relevant statutory requirements and the safe work method statement or asbestos removal control plan (where required), details in the 'Asbestos Information' section (A) above are complete and has been signed by a licensed asbestos assessor or independent competent person in 'Clearance' section (B) where applicable. The work area has been thoroughly cleaned and inspected and is now available for return to normal use.

Service Provider: Full name of person: (print) X TBA Cameron Collins Signature: X.....
Name of organisation: TBA Hammets Plumbing & Gas Time: 14:30 Date: 23/11/2020

Note: This section of the Permit is only acknowledgement that advice has been received from the Service Provider that the work has been completed and the work area is available for return to normal use.

I have been advised that i) the work is completed, ii) the area has been left in a clean and tidy condition, and iii) access is no longer required. **This Permit is now closed.**
Nominated Officer: Name: (print) X..... Signature: X..... Time: Date: 20/11/2020

SERVICE PROVIDER

CLIENT