INTERNAL MEMO

To: All Branches and Sub Contractors
BP and **BP Reliance Sites**

From: Steve Endor

Date: 28 February, 2012

Subject: **Important Paperwork Update and Job Instructions**

This memo applies to all technicians that service **BP** and **BP Reliance Service** Stations and other BP or BP Reliance sites.

Please make sure that all AIP Qualified technicians at your Branch read and acknowledge this memo by signing the accompanying Distribution List and faxing back a copy of the distribution list to Steve Endor – 07 3275 1314.

1. Every **BP** or **BP Reliance** site must have a Pest Management Report Folder on site.

   The folder needs to contain, as a minimum, the following forms:

   1. F305-1 PMRS - Pest Sighting Report
   2. F305-3 PMRS - Site Chemical List
   3. F305-5 PMRS - Site Map (showing locations of rodent stations)
   4. F305-8 PMRS - Recommendations and Checklist (to Report on abnormal activity which may require further treatment or frequency)
   5. Current MSDS for all pesticides and rodenticides used on site

   These forms are available from the APC Products – Stationery (on the extranet) and from APC National Sales (for External Contrators)

2. **Every** site visit at a **BP** or **BP Reliance** site requires the completion of:

   1. The WPC Form (The revised name for the AIP Form)
   2. A SWMS – signed and dated by the technician
   3. Update of the Pest Management Report Folder with:
      a. Checks and updates of F305-1 PMRS - Pest Sighting Report (staff entries)
      b. Update of F305-5 PMRS - Site Map (if things changed)
      c. New F305-8 PMRS - Recommendations and Checklist (to Report on abnormal activity which may require further treatment or frequency)
      d. Update of F305-3 PMRS - Site Chemical List (if things changed or new chemicals were used)
      e. Revised / new MSDS – if new version is available or new chemicals were used

   Copies of ALL these documents must be returned to National Sales for completion of the work order and invoicing.

3. The WPC (AIP) Form has a box entitled "JSA Completed"

   This box must **NOT be left blank**.

   It must contain a reference to a JSA or Safe Work Method Statement (SWMS) that is completed for EVERY site visit on a BP site.

   Completion of the AIP Paperwork "JSA Completed" needs to be correct.
   (See Pages 3-6 of this memo).

   What needs to be done is:

   - Write in a **Reference Number** that is traceable to the specific job (e.g. EBS Job No or EBS Invoice Number) on the WPC (AIP) Form
   - A printed copy of the F264-1 Safe Work Method Statement must be attached to the Office Copy of the AIP Form. The F264-1 form should be updated with:
     - The **Reference Number** written on the AIP Form
     - **Signed and dated** on the last page

4. PPE. A reminder to make sure that while on BP sites you wear all:
   - 100% cotton uniform (no polyester blends)
   - Neck to Toe clothting (long sleeves and trousers)
   - Hard hat or bump cap
   - A hi-vis vest
   - Steel capped safety footwear

   DO NOT use power gear or electrical devices on any BP site without getting required permits.

If you have any questions, please contact Steve Endor (steve.endor@amalpest.com.au)

Mobile: 0419 649 987

WORK CLEARANCE FORM

Australian Institute of Petroleum

THIS FORM MUST BE COMPLETED BEFORE WORK COMMENCES (except for completion signatures)
IF WORK EXTENDS BEYOND ONE DAY, A NEW FORM MUST BE COMPLETED FOR EACH DAY

Contractor Company Name: Amalgamated Pest Control

Oil Company: BP Australia OR BP Reliance Location Name: Site Name

Job/Order No.: Work Order Number Issued By National Sales Address: Site Address

Work Description: Quarterly Servie / Adhoc (and description) Pest Control

Tools/Equipment to be used: Tasks and Equipment used to complete the job

Refer relevant Hazards Map and identify work location for completion of checklist . Tick ☐ below

☐ Inside and outside hazardous areas within the site boundary
Complete Sections A, B, C

☐ Inside Office/Sales Building
Complete Sections A, C

MUST tick one of these options

Section A - Conditions

The contractor is to check that all of the following conditions are acceptable:

MUST complete this section

Write **"YES/NO"** when checked:

- _____ All STATUTORY REGULATIONS applying to the job shall be complied with
- _____ LPG or PETROLEUM PRODUCTS delivery into site storage tanks will not impact work
- _____ FLAMMABLE or COMBUSTIBLE product and/or materials within 8 metres of work area will not impact work
- _____ There is NO ENTRY into any EXCAVATION or PIT, or into any TANK or other Confined Space eg. turret, pit, sump etc.

If any NO answers the Contractor is to refer to the Client Company for permit or authorization.

Section B - Inside and Outside Hazardous Areas (*refer to Hazards Map to verify*)

The contractor is to check that any device that can produce or cause a source of ignition will not be operated within the site boundary

Write **"YES/NO"** when checked:

- _____ Electrical equipment (including all battery operated items such as cordless drills)
- _____ Petrol driven devices
- _____ Excavation equipment (motorised)
- _____ Blow torches / soldering equipment
- _____ Oxy-acetylene or electric welding equipment
- _____ Matches / cigarette lighters
- _____ Concrete cutting, breaking or drilling equipment
- _____ Grinding equipment
- _____ Any other device which can produce or cause a source of ignition

MUST complete this section

SITE STAMP to be put here

For Reference
Work Permit
Number
Where Applicable

.....

If any YES answers the Contractor is to refer to the Client Company for permit or authorization.

Section C - Precautions to be taken - All Work - Contractor must ensure the Work Area is Safe

MUST complete this section

"YES"	"N/A" - (Not Applicable)	
☐		Dry Powder fire extinguishers (9kg min. or equivalent) within work area
☐		Protective clothing and full cover footwear to be worn
☐		Safe access / egress to and from works area
☐	☐	Work "At Heights" complies with WH&S regulations
☐	☐	Electrics isolated and tagged and locked out where possible
☐	☐	Transfer and/or Dispensing pumps to be shut down – valves closed
☐	☐	Barriers erected around work area
☐	☐	Extension cables must not cross the hazardous areas
☐	☐	Wet down area for concrete breaking or drilling
☐	☐	Check work will not affect underground services, eg. telephone, electricity, pipelines, etc.

All in accordance with statutory and client requirements

ADDITIONAL PRECAUTIONS
(to be completed by contractor if necessary)

_____

_____

_____

JSA COMPLETED
Reference No MUST FILL IN

No work to be commenced until "YES" or "N/A" apply and are ticked

TIME ON SITE START TIME: _____ AM / PM FINISH TIME: _____ AM / PM

- The contractor will observe the above conditions and precautions for work undertaken for this job.

CONTRACTOR (Print Name): Technician's Name CONTRACTOR* (Print Name): Technician's Name

Signed: Technician's signature & date of job ___ / ___ / ____ Signed: Technician's signature & date of job ___ / ___ / ____

- The Site Operator or Manager acknowledges that this job will be undertaken, and witnesses the Contractor's signature.

SITE OPERATOR/MANAGER: Site Manager's Name (Print Name) SITE OPERATOR/MANAGER*: Site Manager's Name (Print Name)

Signed: Site Manager's signature & date of job ___ / ___ / ____ Signed: Site Manager's signature & date of job ___ / ___ / ____

* Print name only if different from start signature.

COMMENTS: Any comments or recommendations for the site

White Copy to be sent with the contractor's invoice, if requested by the oil company. Blue Copy to be left at site. Green Copy to be filed by the contractor.

WORK CLEARANCE FORM

Australian Institute of Petroleum

THIS FORM MUST BE COMPLETED BEFORE WORK COMMENCES (except for completion signatures)
IF WORK EXTENDS BEYOND ONE DAY, A NEW FORM MUST BE COMPLETED FOR EACH DAY

Contractor Company Name: _____

Oil Company: _____ Location Name: _____

Job/Order No.: _____ Address: _____

Work Description: _____

Tools/Equipment to be used: _____

Refer relevant Hazards Map and identify work location for completion of checklist. Tick ☐ *below*

☐ Inside and outside hazardous areas within the site boundary — Complete Sections A, B, C

☐ Inside Office/Sales Building — Complete Sections A, C

Section A - Conditions

The contractor is to check that all of the following conditions are acceptable:

Write **"YES/NO"** when checked:

- ____ All STATUTORY REGULATIONS applying to the job shall be complied with
- ____ LPG or PETROLEUM PRODUCTS delivery into site storage tanks will not impact work
- ____ FLAMMABLE or COMBUSTIBLE product and/or materials within 8 metres of work area will not impact work
- ____ There is NO ENTRY into any EXCAVATION or PIT, or into any TANK or other Confined Space eg. turret, pit, sump etc.

If any NO answers the Contractor is to refer to the Client Company for permit or authorization.

Section B - Inside and Outside Hazardous Areas (*refer to Hazards Map to verify*)

The contractor is to check that any device that can produce or cause a source of ignition will not be operated within the site boundary

Write **"YES/NO"** when checked:

- ____ Electrical equipment (including all battery operated items such as cordless drills)
- ____ Petrol driven devices
- ____ Excavation equipment (motorised)
- ____ Blow torches / soldering equipment
- ____ Oxy-acetylene or electric welding equipment
- ____ Matches / cigarette lighters
- ____ Concrete cutting, breaking or drilling equipment
- ____ Grinding equipment
- ____ Any other device which can produce or cause a source of ignition

For Reference Work Permit Number Where Applicable _____

If any YES answers the Contractor is to refer to the Client Company for permit or authorization.

Section C - Precautions to be taken - All Work - **Contractor must ensure the Work Area is Safe**

"YES"	"N/A" - (Not Applicable)	
☐		Dry Powder fire extinguishers (9kg min. or equivalent) within work area
☐		Protective clothing and full cover footwear to be worn
☐		Safe access / egress to and from works area
☐	☐	Work "At Heights" complies with WH&S regulations
☐	☐	Electrics isolated and tagged and locked out where possible
☐	☐	Transfer and/or Dispensing pumps to be shut down – valves closed
☐	☐	Barriers erected around work area
☐	☐	Extension cables must not cross the hazardous areas
☐	☐	Wet down area for concrete breaking or drilling
☐	☐	Check work will not affect underground services, eg. telephone, electrical, pipelines, etc.

All in accordance with statutory and client requirements

ADDITIONAL PRECAUTIONS
(to be completed by contractor if necessary)
_____
_____
_____

JSA COMPLETED
Reference No _____

No work to be commenced until "YES" or "N/A" apply and are ticked

TIME ON SITE START TIME: _____ AM / PM FINISH TIME: _____ AM / PM

- The contractor will observe the above conditions and precautions for work undertaken for this job.

CONTRACTOR (Print Name): _____ CONTRACTOR* (Print Name): _____

Signed: _____ __/__/__ Signed: _____ __/__/__

- The Site Operator or Manager acknowledges that this job will be undertaken, and witnesses the Contractor's signature.

SITE OPERATOR/MANAGER: _____ (Print Name) SITE OPERATOR/MANAGER*: _____ (Print Name)

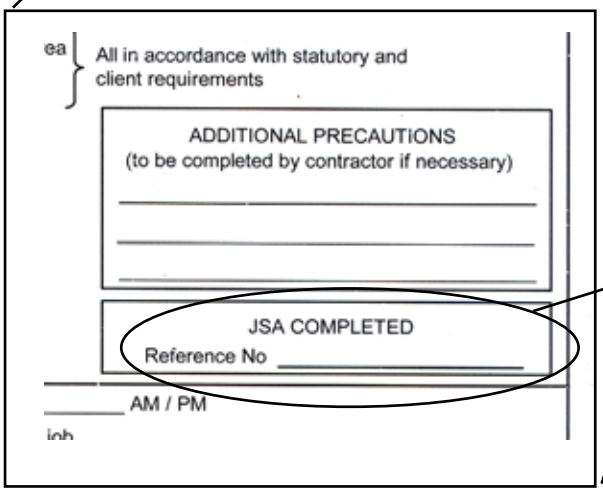
Signed: _____ __/__/__ Signed: _____ __/__/__

* Print name only if different from start signature.

COMMENTS: _____

White Copy to be sent with the contractor's invoice, if requested by the oil company. Blue Copy to be left at site. Green Copy to be filed by the contractor.

Version 4 Doc. Number AIP940094 Date : 01/07/2005



Please DO NOT sign or initial this box.
Enter a **Reference Number** that is **traceble to the job.**
(It is recommended to use the EBS Job Number / Invoice Number - NOT "F264-1")

A JSA (F264-1 SWMS General Pest Management) should be **printed out** and **attached** to the Office Copy of the AIP Form.

The F264-1 Form needs to be completed with the following:

- **Reference Number** used on the AIP Form
- **Signed and dated** on the last page.

Safe Work Method Statement

General Pest Management (Residential, Commercial and Timber Pest)

AMALGAMATED PEST CONTROL

Head Office:
Amalgamated Pest Control Pty Ltd
504 Boundary Road (PO Box 74)
Archerfield QLD 4108
Ph. 07 3373 7707 Fax. 07 3275 1314

Local Branch:

Reference Document:
This SWMS is to be read in conjunction with:

☐ AIP Form ID# _____

☐ Other: _____

Write the Reference Number from the WPC(AIP) Form here

Scope of Work (Description of work to be performed by Amalgamated Pest Control)

This **Safe Work Method Statement** covers all general pest management activities conducted by the Amalgamated Pest Control Group, including residential, commercial and the installation of termite management systems, excluding pre-construction.

Description of Activities to be Performed

Major Job Steps (Break down the job steps)	Potential Hazards (What can harm you?)	Risk Score Before Controls	Actual Risk	Risk Score After Controls	Possible Control Measures (Can this task be done safe)r?	Responsible Person
1. Arrival on site	• Moving vehicles • Access to site • Client unaware of person on site	Medium	• Struck by mobile plant/moving vehicles • Impeding flow of traffic and interfering with clients operation • Damage to own/other vehicles • Exposed to hazardous situation • Poor service arising from poor communication	Low	• High visibility clothing • Park in appropriate areas • Advise client of presence on site and vehicle location if no designated parking • Display your identification • Sign into Site Visitor's Log Book and obtain site VISITOR'S Tag if required	Technician on site
2. Site Inspection (Internal & external)	• Vehicles/mobile plant (forklift) • Falling objects • Slip/trips and falls • Hitting objects • Gravity • Hazardous substances • Noise • Biological factors	Medium	• Struck by mobile plant/vehicles • Struck by objects • Falls/injuries • Excessive noise exposure/hearing loss • Insect bite/sting	Low	• High visibility vests/clothing • Appropriate P.P.E.(including hard hat) where necessary • Long sleeves and trousers • Sturdy boots in good condition • Ensure others on site are aware of your presence	Technician on site

AMALGAMATED PEST CONTROL

Equipment that may be used:

List any plant, equipment, personal protective equipment that may be required for this activity (including all pest control equipment):

☑ Earth leakage circuit breaker	☑ Compressor	☑ Hand Puffer
☑ Dusting Machine	☑ Electric Drill	☑ Back Pack Mister
☑ Amalga-mister	☑ Ladder	

Personal Protective Equipment that may be used

☑ Dust mask/Full face/half face respirator	☑ Face shield/goggles	☑ Overalls
☑ Hearing protection (ear plugs/ear muffs)	☑ Impervious gloves	☑ Moisture resistant boots

Substances to be used (M.S.D.S. to be provided)

All substances used by Amalgamated Pest Control are registered and approved for use for pest management activities and are applied according to the manufacturer's instructions and label directions. A current Material Safety Date Sheet must be presented upon request.

S.W.M.S. Approval

This Safe Work Method Statement has been prepared and approved by Amalgamated Pest Control Pty Ltd and is to be reviewed by the Compliance Manager and Technical Team every 12months.

Make sure the last page is completed, signed and dated

Additional Information

This Safe Work Method Statement has been developed by Amalgamated Pest Control to ensure that the majority of risks have been identified for the type of work being performed. If there are hazards/risks present that have not been identified, it is important that these are identified and assessed using a Site Specific SWMS (F264-4) and the Risk Matrix tool (F264-3)

S.W.M.S. Check (Where required by external Client)

Verified By (Name): _____ **Signature** _____ **Date** _____

A copy of this completed SWMS must be sent back to APC with the WPC (AIP) Form for EVERY site visit.