

Permitted Worker Permit

Important: This form can only be issued in accordance with Permitted Worker Permit Scheme Directions. If it is not issued in accordance with the Permitted Worker Permit Scheme Directions, it is invalid.

Individuals are not required to carry permits before 11.59pm Wednesday 5 August.



| Employer details | | ["Employer"] |
|--|--|--------------|
| Company name | A. ADVANCED WASHER & DRYER REPAIRS. | |
| ABN | 18093727042 | |
| Company address | 14 forrester walk Narre Warren south.3805 | |
| Trading name [If different to company name] | as above. Working partial Part time work only, within the hours shown. | |
| Permitted industry/activity | Washer and dryer Home servcing. Delivery, pick up and Sales. | |

| Employee details | | ["Employee"] |
|---------------------------------|---|--------------|
| Full name | Robert Woolrich | |
| Date of birth | 18/03/1949 | |
| Residential address | 14 forrester walk, Narre Warren South #805. Melbourne. Vic. PH 0438 706 383 | |
| Permitted Role for on-site work | Washer Dryer Repairs, Service, pick up & delivery service, Reco Sales. | |

Employee work location [If different to company address]

[If more than one, must be accompanied by a log recording each work location, and date and time of attendance]

Signed

| Employer | Employee |
|--|---|
| Robert J Woolrich  [Employer representative signature] | Robert J Woolrich  [Employee signature] |
| 08/08/2020 https://www.washingmachinemechanic.com.au/ [Date] | 08/08/2020 mailto:rob.wooly@bigpond.com [Date] |
| By signing this permit, the Employer confirms compliance with the Permitted Worker Permit Scheme Directions, including: <ul style="list-style-type: none"> attests that the workplace is compliant with the directions of the Chief Health Officer and the <i>Occupational Health and Safety Act 2004</i>, all reasonable steps have been, and will continue to be taken, to maintain a safe working environment for the employee, and has a COVIDSafe plan in place; attests that the employer is a Permitted Employer engaged in providing a Permitted Service; attests that the information provided on this permit is a true representation relating to a current employee and their employment details; acknowledges that the nominated representatives may be contacted if deemed necessary to confirm these details; and acknowledges the information provided by the employer in the Permitted Worker Permit is true and correct, and that presenting false, misleading or fraudulent information may incur penalties. | By signing this permit, the Employee : <ul style="list-style-type: none"> attests that their name, address, work hours, place of work, and employer, as contained in this Permitted Work Permit are true and correct that presenting false, misleading or fraudulent information may incur penalties; acknowledges that the nominated representatives may be contacted if deemed necessary to confirm these details and provides consent to the disclosure and collection of this information; understands the wording in this Permitted Work Permit relating to Diagnosed Persons and Close Contacts and agrees to not attend the Work Premises if either of these terms apply to the Employee's circumstances and will notify the Employer immediately if this occurs; and understands that if they develop symptoms or potential symptoms of COVID-19 they are not to attend or remain at the Work Premises and will immediately notify their employer. |

| Rostered / scheduled work times | | | | | | | | |
|---------------------------------|-------------|---------------|---------------|---------------|---------------|---------------|---------------|-----|
| Week | Commencing | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| 3 | 17 Aug 2020 | Same as above | Same as above | Same as above | Same as above | Same as above | Same as above | |
| 4 | 24 Aug 2020 | Same as above | Same as above | Same as above | Same as above | Same as above | Same as above | |
| 5 | 31 Aug 2020 | Same as above | Same as above | Same as above | Same as above | Same as above | Same as above | |
| 6 | 7 Sep 2020 | 9.00-7.00pm | 9.00-7.00pm | 9.00-7.00pm | 9.00-7.00pm | 9.00-7.00pm | 9.00-7.00pm | |

Statement from the Employer

I declare that the Employer has taken all reasonable steps to avoid the necessity for the Employee to attend the Work Premises, but the Employer has determined that it is not reasonably practicable for the Employee to work from the premises at which the Employee ordinarily resides and the attendance of the Employee at the Work Premises is required for the provision of a Permitted Service of:



A>ADVANCED> washer and dryer repairs Melbourne.

[Nominate industry or nature of work undertaken]

Issued by nominated representative of the Employer

| Nominated representative | | Secondary contact | |
|--------------------------|-----------------|-------------------|-----------------|
| Full name | robert woolrich | Full name | Robert Woolrich |
| Title / Role | owner manager | Title / Role | Manager |
| Phone number | 0438 706 3d83 | Phone number | 0438 706 383 |

Diagnosed Persons and Close Contacts

If a person is a Diagnosed Person or Close Contact for the purposes of the Diagnosed Persons and Close Contacts Directions (No 8) that person cannot be provided with a Permitted Worker Permit or permitted to enter or remain upon work premises.

An employer who completes a Permitted Work Permit for a person who is a Diagnosed Person or Close Contact may be in breach of the Permitted Worker Permit Scheme Directions and liable to penalties.

If an Employee is displaying symptoms or potential symptoms of COVID-19, the Employee must not attend the Work Premises and must immediately notify the Employer of these symptoms.