

HOT WORKS - PERMIT TO WORK

24/7 Emergency Contact – Protection Services 02477 657363

SECTION 1 - WORK DETAILS *(to be completed by the Permit Creator)*

Permit Number:	
Permit Creator: (University Contact)	
Contact Number:	
Description of work to be undertaken:	
Building:	
Location Details: room / floor	
Asset Number/s:	

SECTION 2 - SIGN OFF *(to be completed by the Permit Creator)*

Company Name:		
Permit Holder Operative/s:		
Contact Number:		
Date of Permit	Valid From:	Valid To:
Time of Permit	Valid From:	Valid To:

SECTION 3 - WORK HAZARDS *(to be completed by the Permit Creator)*

Describe the existing work hazards and those that the work will introduce:

Precautions below to be considered and included in the above if applicable: this is not an exhaustive list

1. Isolation required, fire alarm, gas suppression, intruder alarm...etc.	4. Fire Watch (half an hour and up to one hour)
2. Smoke/Heat Detector, covers issued	5. Fire Extinguisher
3. Environmental issues – combustibles, heat transfer, fumes generated – ventilation	6. PPE requirements of the job

Describe any limitations or restrictions that will apply during the work:

Authorising Person: received and reviewed RAMS to ensure control measures for the above identified work hazards are in place.

YES NO

RAMS Reference Number:

Name of Authorising Person:

Date:

Health and Safety on-line induction completed?	YES	NO
SECTION 4 - DECLARATION AND AUTHORISATION		

Permit RECEIVER (Competent Person in charge):

I have read, understood and accept the requirements of this permit to work. It is my responsibility to safely undertake the works using the agreed methods as detailed in my risk assessment and method statement and will comply with the University's health and safety rules. I understand that if the work deviates from these agreed methods, I will stop and notify the Estates Department immediately before continuing. I accept and will ensure that everyone working under my supervision will strictly follow the requirements of this permit.

Name:		
Signature:	Date:	Time:

Permit CREATOR (University Contact)

This permit will be issued for the area detailed in Section 1 on the understanding that all agreed safe systems of work will be adhered to.

Name:		
Signature:	Date:	Time:

ISOLATION REQUIRED YES / NO *circle as appropriate*

Services must be isolated by University before the Contractor can start works.

Name of University Contact to carry out safe isolation:	Which services needs to be safely isolated:

SECTION 5 - CLEARANCE

Permit RECIEVER (Competent Person in charge):

Fire Extinguisher used? **YES / NO** *circle as appropriate* If Yes, Asset Number:

I certify that the work for which the permit was issued is now COMPLETED. The area has been left safe and reinstated to the condition prior to the work.

Name:		
Signature:	Date:	Time:

SECTION 6 - COMPLETION

Permit CREATOR / University Contact

The work relating to this permit to work is hereby COMPLETED, the area is restored to safe operating conditions and any isolations have been removed and put back into service.

Name:		
Signature:	Date:	Time: