

Permit to Work Record

Dates and Work Details

Permit Number:	Permit to Access / Work:	
	Permit Type:	
Permit Requestor:		
Description of Work to be Undertaken:		
Permit Period	From:	To:
Permit Authoriser:		

User of the Permit to Work

Company Name:	
Contact Name:	
Contact Number(s)	

Location of the Work

Campus:	
Building:	
Room(s) or location:	

Work Hazards

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

Identify the Risk Assessments and Method Statements which identify and control these hazards and attach them:

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

Declaration and Authorisation

I accept the terms of the Permit to Work and agree to undertake the work using the methods agreed in the method statement. I accept that if the work deviates from the agreed methods I will notify The Estates Department before continuing. I accept that I will ensure that all work will comply with University Health and Safety Procedures.

Name:

Signature

Date:

I authorise the works described in this permit to be undertaken and I am satisfied that the method statement and risk assessments for the work meet the minimum requirements for the scope of works.

Name:

Signature

Date:

I confirm that the work has been completed to the agreed requirements and that the work area has been reinstated to the condition prior to the work.

Name:

Signature

Date: