

PERMIT TO WORK

24/7 Emergency Contact – Protection Services: 02477 657363

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

Permit Type:	
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:			
<i>Precautions below to be considered and note above if applicable: this is not an exhaustive list</i>			
1. Is signage and/or barriers needed?	5. Are there any risks from falling objects/debris?		
2. Are ladders required? If yes are checks in place?	6. Are there any overhead services crossing or adjacent to the proposed work area?		
3. Environmental issues – Weather conditions?			
4. PPE requirements of the job?			
Describe any limitations or restrictions that will apply during the works:			
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 Authoring Person:	Date:		

Health and Safety online contractor induction completed?	YES	NO
Induction Expiry Date:		

SECTION 4 - DECLARATION AND AUTHORISATION

Permit RECEIVER (Competent Person in charge):

I have read, understood and accept the requirements of this permit to work. I will 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 and procedures. I understand that if the work deviates from these agreed methods, I will 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 details 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 RECEIVER (Competent Person in charge):

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: