**PERMIT TO WORK (LABORATORIES AND WORKSHOPS)**

(QM\_HS\_161 V3 Jan 2018)

Permit Number:

Allocated by issuing Person

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| **(A) PERMIT ISSUE DETAILS** *(to be completed by Lab Manager or responsible person)* | | |
| 1. Location of work / equipment area | Room: | |
| Building: | |
| Campus: | |
| Group/Unit/Centre: | |
| Dept/School/Institute: | |
| 2. Work to be done | Title of work: | |
| Description of work: | |
| 3. Timescale of work | Date of required access: | |
| Time of required access: | |
| Date of completion: | |
| Time of completion: | |
| 4. Services Affected (Inform Estates helpdesk ext 2580) | None  Electricity  Piped gas  Steam  Water  Other (specify):  Note Estates Permit to Work Number *(if applicable)* and valid Date/Time: | |
| 5. Hazards present in area / equipment | Description | Precautions |
| Biological |  |  |
| Chemical |  |  |
| Radiation |  |  |
| LASER |  |  |
| Compressed gases / cryogenic liquids |  |  |
| Hazardous equipment |  |  |
| Other |  |  |

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| **(B) PERMIT ISSUE** *(declaration must be signed by lab manager or responsible person)* | |
| I confirm that the above work can be carried out safely and that I have informed all local staff whose work may be affected that their work is suspended in this area. | |
| Lab Manager (or responsible person) signature: | Print Name: |
| Date: | Time: |

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| **(C) PERMIT RECEIPT** *(declaration must be signed by operative or contractor)* | |
| I/We have read and understood the above precautions required and the conditions of validity. I am satisfied that the work / equipment area is sufficiently cleared and made safe. | |
| Operative / contractor signature: | Print Name: |
| Date: | Time: |

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| **(D) WORK COMPLETION** *(declaration must be signed by operative or contractor)* | |
| The work described above has been completed / is incomplete\* (delete as appropriate)  All personnel, materials and equipment have been removed and left clean and tidy  The work area / equipment has been made safe | |
| Operative / contractor signature: | Print Name: |
| Date: | Time: |

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| **(E) WORK ACCEPTANCE AND CESSATION OF PERMIT TO WORK** | |
| I accept the work has been completed and the area / equipment can now be returned to normal use. The permit has ceased to be valid. | |
| Lab Manager (or responsible person) signature: | Print Name: |
| Date: | Time: |