



Permit to work for the University Maintenance Staff or Contractors Requiring Entry into Laboratories and/or Associated Areas

SECTION 1 – LOCATION AND JOB DETAILS			
Must be completed by laboratory staff or technical staff who have adequate knowledge of work in the area in conjunction with the person who will be undertaking the work, or in the case of teamwork, the team supervisor			
Job Number			
Room No. & Building			
Describe the work to be undertaken			
Areas to which access is required:			
Sinks and /or drains	YES / NO	Other (if yes specify)	YES / NO
Benches	YES / NO		
Floors	YES / NO		
Ceiling/high level	YES / NO		
Fumehoods/Safety Cabinets	YES / NO		
Does anything need to be moved or areas cleared to allow access? (If yes specify) YES / NO			

SECTION 2 – CONTROLS	
Must be completed by laboratory staff or technical staff who have adequate knowledge of work in the area and authority to confirm appropriate measures have been taken to allow access.	
Type of hazards in laboratory or area: <ul style="list-style-type: none"> If biological state containment level If radioactive state designation If other, specify nature of hazards 	Chemicals/Biological/Radioactive/Other 1 / 2 / 3 Non-designated/Supervised/Controlled
Preparation in affected area: <ul style="list-style-type: none"> Work with hazardous material has ceased All hazardous material has been removed Flammable/toxic/other gases shut off 	YES/NA YES/NA YES/NA
Decontamination requirements: <ul style="list-style-type: none"> Clean/disinfect/monitor sink and drains Clear benches and clean/disinfect/monitor Clear floor and clean/disinfect/monitor Clear/clean/disinfect/monitor equipment (if yes specify what equipment) Other (if yes specify) 	YES / NO YES / NO YES / NO YES / NO YES / NO
Specific areas to be avoided or any additional special instructions (e.g. decontamination of work tools)	
Protective clothing required by tradesperson: <ul style="list-style-type: none"> Normal overalls Disposable coverall Gloves (if yes specify type) Eye/face protection (if yes) 	YES / NO YES / NO YES / NO YES / NO

specify) • Other (if yes specify)	YES / NO
Name of person who will supervise work in a radiation Controlled Area / Containment Level 3 Laboratory:	
Name, position and telephone no. of person to be contacted in event of any queries or problems	
I confirm the area has been made safe prior to allowing workman/contractor access. Signature: Print: Date: Time:	
DURATION OF PERMIT TO WORK	From:..... h on(date) To: h on(date)

SECTION 3 - DECLARATIONS BEFORE WORK STARTS

By the person who will be undertaking the work, or in the case of teamwork, the team supervisor

I have read and understood this form and the additional information and rules provided and will work in / ensure that the work is in accordance with the conditions and requirements specified.

Signature: Print:

Date: Time:

By School Representative

I have issued the above permit to work and ensured the necessary precautions have been taken to allow the work to be undertaken.

Signature: Print:

Date: Time:

SECTION 4- DECLARATIONS ON COMPLETION OF WORKS

By the person who will be undertaking the work, or in the case of teamwork, the team supervisor

The works specified in the above Permit-to-Work have been completed and the area cleared/cleaned of all debris.
The area where work was being undertaken, and to which this Permit relates, is now safe for return to normal School use and supervision.

Signature: Print:

Date: Time:

By School Representative

I have been informed by means of the above declaration that the works to which this Permit-to-Work relate have been completed, and by signing, dating and time notification, I hereby cancel this Permit-to-Work.

Signature: Print:

Date: Time:

THIS PERMIT TO WORK MUST BE DISPLAYED AT THE ENTRANCE TO THE WORK AREA TO WHICH IT RELATES

On completion of works this permit must be kept as a record for a period of 12 months