Permit to Carry out Maintenance Work in a Hazardous Area or on Safety Critical Equipment [SCE]

**Location of hazardous area Permit Valid From**

**Name and telephone number Permit Valid Until**

**of responsible person**

**authorising access Work Request/**

**Estate Office Job No.**

**Nature of hazard(s) present or likely to be created by the maintenance work**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Biological / Infectious agents** |  |  | **Radiation** |  |
| **Chemicals** |  |  | **Ultra-violet** |  |
| **High pressure** |  |  | **High Power Lasers (Class 3 &4)** |  |
| **High Power Magnetic Fields** |  |  | **Confined space/plant room** |  |
| **Work on plant associated with SCE - Specify equipment location** | | | |  |
| **Other (specify) - if no hazards state "None"** | | | | |

**Name of responsible contractor/maintenance operative**

**Company/Organisation (if other than University staff)**

**Scope of work to be carried out**

**Measures taken to enable safe entry and work in the area(s) described above**.

**Specific instructions to be followed to ensure the safety of the contractor/maintenance operative**

The area and/or item(s) to be worked has been cleared of hazardous materials and is safe to work on. If relevant, radiation levels have been monitored and are at background level.

**Signature of the responsible person Date**

I have received verbal / written instruction regarding work in this area, and any hazards remaining. I understand these instructions, and accept that the area is safe for work.

**Signature of the responsible contractor/maintenance operative Date**

The work outlined in this document has been completed, all tools and materials have been removed, and the area is left in a safe condition.

**Signature of the contractor/maintenance operative Date**

The area is accepted for return to use.

**Signature of the responsible person Date**