



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0001**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0002**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

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Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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Permit Acceptor: Signature: Time: Date:

SECURITY

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Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0003**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

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Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0004**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

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Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

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Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0005**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

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HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0006**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

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Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0007**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

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HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

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HANDBACK, RECEIPT AND CANCELLATION

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Permit Acceptor: Signature: Time: Date:

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Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0008**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0009**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0010**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0011**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0012**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0013**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0014**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0015**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0016**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0017**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0018**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0019**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0020**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0021**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0022**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0023**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0024**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0025**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: <input type="text"/>	Position: <input type="text"/>	Contact: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Company: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/> Date: <input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0026**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0027**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0028**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input type="text"/>	Position: <input type="text"/>	Contact: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Company: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/> Date: <input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0029**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: <input type="text"/>	Position: <input type="text"/>	Contact: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Company: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/> Date: <input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0030**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT (RED ZONE)

REF: **0031**

Organisation:	Permit Acceptor:	Mobile Number:
Building:	Access Point:	2nd Escape Route:
Job Details:		

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input style="width: 100px;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input style="width: 100px;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 200px;" type="text"/>	Position: <input style="width: 200px;" type="text"/>	Contact: <input style="width: 200px;" type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
Company:	Permit Issuer:	Valid To:	Time:	Date:

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0032**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0033**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0034**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0035**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0036**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0037**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0038**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0039**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0040**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0041**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input type="text"/>	Position: <input type="text"/>	Contact: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Company: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0042**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0043**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input type="text"/>	Position: <input type="text"/>	Contact: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Company: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0044**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0045**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0046**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0047**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0048**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0049**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0050**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0051**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0052**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0053**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0054**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0055**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0056**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0057**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0058**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0059**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input type="text"/>	Position: <input type="text"/>	Contact: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Company: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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CONFINED SPACE ENTRY PERMIT (RED ZONE)

REF: **0060**

Organisation:	Permit Acceptor:	Mobile Number:
Building:	Access Point:	2nd Escape Route:
Job Details:		

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input style="width: 100%;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input style="width: 100%;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
Company:	Permit Issuer:	Valid To:	Time:	Date:

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time:	<input style="width: 90%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time:	<input style="width: 90%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0061**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0062**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input type="text"/>	Position: <input type="text"/>	Contact: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Company: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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CONFINED SPACE ENTRY PERMIT (RED ZONE)

REF: **0063**

Organisation:	Permit Acceptor:	Mobile Number:
Building:	Access Point:	2nd Escape Route:
Job Details:		

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input style="width: 100px;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input style="width: 100px;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 200px;" type="text"/>	Position: <input style="width: 200px;" type="text"/>	Contact: <input style="width: 200px;" type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
Company:	Permit Issuer:	Valid To:	Time:	Date:

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0064**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0065**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0066**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0067**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0068**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0069**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0070**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0071**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0072**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT (RED ZONE)

REF: **0073**

Organisation:	Permit Acceptor:	Mobile Number:
Building:	Access Point:	2nd Escape Route:
Job Details:		

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input style="width: 100px;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input style="width: 100px;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 200px;" type="text"/>	Position: <input style="width: 200px;" type="text"/>	Contact: <input style="width: 200px;" type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
Company:	Permit Issuer:	Valid To:	Time:	Date:

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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CONFINED SPACE ENTRY PERMIT (RED ZONE)

REF: **0074**

Organisation:	Permit Acceptor:	Mobile Number:
Building:	Access Point:	2nd Escape Route:
Job Details:		

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input style="width: 100%;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input style="width: 100%;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
Company:	Permit Issuer:	Valid To:	Time:	Date:

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time:	<input style="width: 90%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time:	<input style="width: 90%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0075**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0076**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0077**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0078**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0079**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0080**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0081**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0082**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0083**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0084**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0085**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0086**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0087**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0088**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0089**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input type="text"/>	Position: <input type="text"/>	Contact: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Company: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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CONFINED SPACE ENTRY PERMIT (RED ZONE)

REF: **0090**

Organisation:	Permit Acceptor:	Mobile Number:
Building:	Access Point:	2nd Escape Route:
Job Details:		

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input style="width: 100px;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input style="width: 100px;" type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 200px;" type="text"/>	Position: <input style="width: 200px;" type="text"/>	Contact: <input style="width: 200px;" type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
Company:	Permit Issuer:	Valid To:	Time:	Date:

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0091**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0092**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0093**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0094**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0095**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0096**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0097**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0098**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL
Time of Test 2:	<input type="text"/>
OXYGEN	<input type="checkbox"/> PASS/FAIL
CARBON MONOXIDE	<input type="checkbox"/> PASS/FAIL
CARBON DIOXIDE	<input type="checkbox"/> PASS/FAIL
OTHER (SPECIFY)	<input type="checkbox"/> PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0099**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date:



CONFINED SPACE ENTRY PERMIT
(RED ZONE)

REF: **0100**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile Number:	<input type="text"/>
Building:	<input type="text"/>	Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>
Job Details:	<input type="text"/>				

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Are atmospheric tests required prior to and during entry?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

HAZARDS AND PRECAUTIONS

Are all persons requiring entry into the confined space trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been isolated from all connected pipework?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been purged with air/water/steam?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been electrically isolated and locked out?	<input type="radio"/> YES	<input type="radio"/> NO
Has the confined space been mechanically isolated and locked off?	<input type="radio"/> YES	<input type="radio"/> NO
Is the confined space below 30 Degrees Celsius on full cooling?	<input type="radio"/> YES	<input type="radio"/> NO
Is the entrance and exit large enough to allow access and egress in an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a continuous supply of respirable air?	<input type="radio"/> YES	<input type="radio"/> NO
Is the means of access to and escape from the confined space acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Is breathing apparatus at hand and in good working order?	<input type="radio"/> YES	<input type="radio"/> NO
Is the safety line/tripod/harness and any other backup equipment to hand?	<input type="radio"/> YES	<input type="radio"/> NO
Are adequate emergency arrangements in place?	<input type="radio"/> YES	<input type="radio"/> NO
Is a trained and competent standby person posted at the point of entry?	<input type="radio"/> YES	<input type="radio"/> NO

Atmospheric Testing Results

Time of Test 1:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

Time of Test 2:

OXYGEN PASS/FAIL

CARBON MONOXIDE PASS/FAIL

CARBON DIOXIDE PASS/FAIL

OTHER (SPECIFY) PASS/FAIL

EMERGENCY CONTACTS
(Person not connected with the work)

Name: Position: Contact:

AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: Signature: Time: Date:

SECURITY

I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.

Time: Date:

ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

Time: Date: