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Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0001	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable and	sufficient risk assessm	ent been undertaken for thi	s task?	YES	NO	NB: The Management of Heal Safety at Work Regulations 19 amended) require that organ	999 (as
	ement been undertake				NO NO	five or more employees recor significant findings of assessr	rd the
	ests required prior to a				NO	assessments and method sta must be submitted to Estates	tements s & Capital
		HAZARDS AND PR	ECAUTION	IS		□ Development Department ir works commencing.	1 advance (
Are all persons requiring	a entry into the confined sr	pace trained and competent?	YES	O NO	Atm	ospheric Testing I	Result
	been isolated from all conr	<u> </u>	YES	○ NO	Time	of Test 1:	
	been purged with air/wate		YES	○ NO	OXYG		PASS/F/
Has the confined space	been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined space	been mechanically isolated	d and locked off?	YES	○ NO			PASS/F
Is the confined space b	elow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and exi	t large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
Is there are continuous	supply of respirable air?		YES	○ NO	Time	of Test 2:	
Is the means of access	to and escape from the conf	fined space acceptable?	YES	○ NO	OXYG		PASS/F
Is breathing apparatus	at hand and in good workin	ng order?	YES	○ NO	CARBO	OI WONOXIDE	PASS/F/
Is the safety line/tripod	/harness and any other bac	kup equipment to hand?	YES	○ NO	CARBO	OIV DIOXIDE	PASS/F/
Are adequate emerger	cy arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
ls a trained and compe	tent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO	<u>ONTACTS</u>				
		(Person not connected	with the worl	k)			
Name:		Position:		Cont	act:		
		AUTHORISATION AND	) ACCEPTA	ANCF			
		and ensured that the necessary probeen explained to all workers invol	recautions ha	ve been taken. It is		y out the work as define	ed above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
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I confirm that the activ	ity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
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Organisation:		Permit Ac	ceptor	r:					Mo	bile N	umber:			
Building:		Access Po	oint:						2nd	d Escap	oe Route:			
Job Details:									-					
Has a suitable and su	fficient risk assessme	ant heen u	nder	takon f	or this	task?	$\bigcirc$ Y	ΈS		10	NO.	NB: The Mana	k Regulati	
Has a method statem				Lakerri	01 (1113		$\bigcirc$ Y			10		five or more e	mployees	
							$O_{1}$			10		identify those assessments	especiall and meth	y at risk. Risk od statements
Are atmospheric tests	required prior to ai	ia auring e	entry				<u> </u>	E3		() I	10		Departm	states & Capital ent in advance
		HA	AZAR	DS AN	D PRE	CAUTI	ONS	5				Works comme	ricing.	
Are all persons requiring e	ntry into the confined spa	ace trained ar	nd con	npetent	?	○ YI	ES		○ NO	)	Atn	nospheric	Testi	ng Result
Has the confined space be	en isolated from all conne	ected pipewo	ork?			○ YI	ES		ONG	)	Time	of Test 1:		
Has the confined space be	en purged with air/water.	/steam?				○ YI	ES		ONG	)	OXY	GEN		PASS/F
Has the confined space be	en electrically isolated an	d locked out	?			○ YI	ES		ONG	)	CARE	SON MONOX	DE _	PASS/F
Has the confined space be	en mechanically isolated	and locked o	off?			○ YI	ES		○ NO	)	CARE	SON DIOXIDE		PASS/F
Is the confined space below	w 30 Degrees Celsius on f	full cooling?				○ YI	ES		ONG	)	ОТНІ	ER (SPECIFY)		PASS/F
Is the entrance and exit lar	ge enough to allow acces	ss and egress	in an e	emerger	ncy?	○ YI	ES		○ NO	)				
Is there are continuous sup	oply of respirable air?					○ YI	ES		ONG	)	Time	of Test 2:	L	
Is the means of access to a	nd escape from the confi	ned space ac	ceptab	ole?		○ YI	ES		ONG	)	OXY	GEN	L	PASS/F.
Is breathing apparatus at h	and and in good working	g order?				○ YI	ES		ONG	)	CARE	BON MONOX	DE	PASS/F.
Is the safety line/tripod/ha	rness and any other back	up equipmer	nt to h	and?		○ YI	ES		ONG	)	CARE	BON DIOXIDE		PASS/F.
Are adequate emergency a	arrangements in place?					○ YI	ES		ONG	)	ОТНІ	ER (SPECIFY)		PASS/F.
Is a trained and competent	t standby person posted a	at the point o	of entry	/?		○ YI	ES		ONG	)				
						NTACT								
Name:		Position		lot com	rected w	in the v				Conta	act:			
		ALITU	IADIC	ATIO	I AND	ACCEI	) T A B	NCE						
I confirm that I have verifie and the conditions of this a		and ensured	that th	ne neces	sary pre		have	e beei				ry out the wo	ork as d	efined abov
Permit Acceptor:		Signature:						Vā	alid Fı	om:	Time:		Date:	
Company:		Permit Issue	r:					Vã	alid To	o:	Time:		Date:	
		HANDBA	CK, F	RECEIF	T AND	<u>C</u> ANC	ELL	ATI	ON					
I confirm that the activity h	nas been completed, chec									condit	ion.			
										$\neg$	Г		ı	
Permit Acceptor:			Sig	gnature:							Time:		Date:	
	<u>SECURITY</u>							EST	ATES	& CF	PITAL	<b>DEVELOP</b>	MENT	

Time:	Date:		Time:	Date:	

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.

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Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0003	
Organisation:		Permit Acceptor:		Mobile N	lumber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				•			
Has a suitable and	sufficient risk assessm	ent been undertaken for thi	s task?	YES	NO	NB: The Management of He Safety at Work Regulations amended) require that org	1999 (as
	ement been undertake				NO NO	five or more employees rec significant findings of asses	ord the ssments and
	ests required prior to a				NO	identify those especially at assessments and method s must be submitted to Estat Development Department	tatements es & Capital
		HAZARDS AND PR	ECAUTION	<u>IS</u>		works commencing.	davance
re all persons requirin	g entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testing	Result
las the confined space	been isolated from all conr	nected pipework?	YES	ONO	Time	of Test 1:	
las the confined space	been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN	PASS/F/
as the confined space	been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
as the confined space	been mechanically isolated	d and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space be	elow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	YES	○ NO			•
there are continuous	supply of respirable air?		○ YES	○ NO	Time	of Test 2:	1 2466/5
the means of access t	o and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/FA
s breathing apparatus	at hand and in good workin	ng order?	YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod,	harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
re adequate emergen	cy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compet	ent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		<b>(</b> )			
			with the work				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	O ACCEPT/	ANCE			
		n and ensured that the necessary pr been explained to all workers invol				ry out the work as defi	ned above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activi	ty has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable and	sufficient risk assessm	ent been undertaken for thi	s task?	ES O	NO	NB: The Management of Safety at Work Regulat amended) require that	ions 1999 (as
	ement been undertake		O Y			five or more employee significant findings of a	s record the assessments and
	ests required prior to a		OY			assessments and meth must be submitted to Development Departn	od statements Estates & Capital
		HAZARDS AND PR	ECAUTIONS			works commencing.	ient in duvance c
Are all persons requiring	g entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testi	ng Result
las the confined space	been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space	been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined space	been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined space	been mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space be	elow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuous	supply of respirable air?		YES	○ NO	Time	of Test 2:	
s the means of access to	o and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatus a	at hand and in good workin	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/FA
s the safety line/tripod/	harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emergend	cy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compet	ent standby person posted	l at the point of entry?	YES	○ NO			
		EMERGENCY CO					
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAN	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as d	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activit	ty has been completed, che	HANDBACK, RECEIPT AN			ion.		
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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable and su	ufficient risk assessm	ent been undertaken for thi	s task? \( \tag{Y}	ES O	NO	NB: The Management o Safety at Work Regulation amended) require that	ons 1999 (as
Has a method statem						five or more employees significant findings of a	record the sessments and
	s required prior to a		O YI			assessments and methor must be submitted to E Development Departme	d statements states & Capital
		HAZARDS AND PR	ECAUTIONS			works commencing.	
re all persons requiring e	entry into the confined sp	ace trained and competent?	YES	○ NO	Atm	ospheric Testii	ng Result
	een isolated from all conn	<u> </u>	YES	○ NO	Time	of Test 1:	
las the confined space be	een purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F.
as the confined space be	een electrically isolated ar	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F
as the confined space be	een mechanically isolated	and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space belo	ow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit la	rge enough to allow acce	ss and egress in an emergency?	○ YES	○ NO			
there are continuous su	pply of respirable air?		YES	○ NO	Time	of Test 2:	7 5466/5
the means of access to a	and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatus at I	hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod/ha	arness and any other back	rup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
are adequate emergency	arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
s a trained and competen	nt standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
			with the worky				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	O ACCEPTAN	<u>ICE</u>			
		and ensured that the necessary problem explained to all workers invo				y out the work as de	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activity	has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date:	
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Aston Universi	ity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0006	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable ar	nd sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Management Safety at Work Regulamended) require the	lations 1999 (as
	tatement been undertake				NO NO	five or more employ significant findings	rees record the of assessments and
	c tests required prior to a		OY		NO	assessments and me must be submitted	ethod statements to Estates & Capital
		HAZARDS AND PR	ECAUTIONS			□ Development Depa works commencing	
Are all persons regu	iring entry into the confined sp	pace trained and competent?	YES	No	Atm	ospheric Tes	ting Result
	ace been isolated from all conr		YES	○ NO	Time	of Test 1:	
	ace been purged with air/wate		YES	○ NO	OXYG		PASS/F
Has the confined spa	ace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	L DN MONOXIDE	PASS/F
Has the confined spa	ace been mechanically isolated	l and locked off?	YES	○ NO		ON DIOXIDE	PASS/F
Is the confined space	e below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
Is there are continuo	ous supply of respirable air?		YES	○ NO	Time	of Test 2:	
Is the means of acce	ess to and escape from the conf	ined space acceptable?	YES	○ NO	OXYG		PASS/F.
Is breathing apparat	tus at hand and in good workin	g order?	YES	○ NO	CARBO	DN MONOXIDE	PASS/F
Is the safety line/trip	ood/harness and any other back	kup equipment to hand?	YES	○ NO		DIXOID NC	PASS/F
Are adequate emerg	gency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
Is a trained and com	npetent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
		(Person not connected	with the work)				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAI	NCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as	defined abov
Permit Acceptor:		Signature:		Valid From:	Time:	Dat	e:
Company:		Permit Issuer:		Valid To:	Time:	Dat	e:
I confirm that the ac	ctivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Dat	e:
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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable an	d sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Management Safety at Work Regula amended) require tha	tions 1999 (as
	atement been undertake		OY			five or more employed significant findings of	es record the assessments and
	tests required prior to a		O Y		NO	assessments and method must be submitted to Development Departs	hod statements Estates & Capital
		HAZARDS AND PR	ECAUTION:	<u>S</u>		works commencing.	
Are all persons requi	ring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result
Has the confined spa	ce been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined spa	ce been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F.
Has the confined spa	ce been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined spa	ce been mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
ls the confined space	below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and e	xit large enough to allow acce	ess and egress in an emergency?	YES	○ NO		<b></b>	
Is there are continuo	us supply of respirable air?		○ YES	○ NO		of Test 2:	PASS/F
Is the means of acces	ss to and escape from the conf	fined space acceptable?	YES	○ NO	OXYG		PASS/F/
ls breathing apparati	us at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/trip	od/harness and any other bac	kup equipment to hand?	YES	ONO		ON DIOXIDE	PASS/F/
Are adequate emerg	ency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	FA33/17
ls a trained and comp	petent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO (Person not connected					
Name		Da siti a n		Count			
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as o	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	:
Company:		Permit Issuer:		Valid To:	Time:	Date	
I confirm that the act	ivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
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	ot of this form having been inf area secure and in a safe and					mpleted in accord	

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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable and	cufficient rick assessm	ent been undertaken for thi	s task?	YES O	NO	NB: The Managemen Safety at Work Regul amended) require th	ations 1999 (as
	ement been undertake				NO	five or more employed significant findings of	ees record the
	ests required prior to a				NO NO	identify those especi assessments and me must be submitted to	ally at risk. Risk thod statements o Estates & Capital
		HAZARDS AND PR	FCALITION	ıç		□ Development Depar works commencing.	tment in advance of
					Atm	ospheric Tes	tina Result
	e been isolated from all conr	pace trained and competent?	YES	○ NO		-	
	e been purged with air/wate		() YES	○ NO	OXYG	of Test 1:	PASS/FA
	e been electrically isolated a		YES	○ NO	-	ON MONOXIDE	PASS/F/
	e been mechanically isolated		YES	○ NO		ON DIOXIDE	PASS/F/
	pelow 30 Degrees Celsius on		YES	○ NO		R (SPECIFY)	PASS/F
the entrance and ex	t large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuous	s supply of respirable air?		YES	○ NO	Time	of Test 2:	
the means of access	to and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG	_	PASS/F/
breathing apparatus	at hand and in good workin	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod	d/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE _	PASS/F/
re adequate emerger	ncy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compe	etent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		d)			
			with the work				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPT A	ANCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	2:
Company:		Permit Issuer:		Valid To:	Time:	Date	2:
confirm that the activ	ity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date	2:
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	of this form having been inf rea secure and in a safe and			d that the activity h the area left secure			

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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable and si	ufficient risk assessm	ent been undertaken for th	s task?	res	NO	NB: The Management Safety at Work Regular amended) require that	tions 1999 (as
	ment been undertake					five or more employee significant findings of	es record the assessments and
	ts required prior to a		0)			assessments and meth must be submitted to Development Departr	nod statements Estates & Capital
		HAZARDS AND PR	ECAUTION	<u>s</u>		works commencing.	nene in advance e
Are all persons requiring	entry into the confined sp	ace trained and competent?	YES	○ NO	Atm	ospheric Testi	ing Result
Has the confined space b	een isolated from all conn	ected pipework?	YES	ONO	Time	of Test 1:	
las the confined space b	een purged with air/water	/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined space b	een electrically isolated ar	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined space b	een mechanically isolated	and locked off?	YES	ONO	CARBO	ON DIOXIDE	PASS/F
s the confined space bel	ow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit la	arge enough to allow acce	ss and egress in an emergency?	YES	○ NO			
s there are continuous su	upply of respirable air?		YES	○ NO	Time	of Test 2:	
s the means of access to	and escape from the confi	ned space acceptable?	○ YES	○ NO	OXYG		PASS/FA
s breathing apparatus at	hand and in good workin	g order?	○ YES	○ NO		DN MONOXIDE	PASS/F/
s the safety line/tripod/h	arness and any other back	up equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emergency	arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and compete	nt standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
		·					
Name:		Position:		Cont	act:		
		<b>AUTHORISATION ANI</b>	O ACCEPTA	NCE			
		and ensured that the necessary p been explained to all workers invo				y out the work as c	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activity	has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date:	
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	this form having been info a secure and in a safe and i			that the activity he area left secure		mpleted in accord fe and tidy conditi	

Date:

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Aston Universi	ty	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0010	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable ar	nd sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Management Safety at Work Regula amended) require tha	tions 1999 (as
	atement been undertake		OY			five or more employed significant findings of	es record the assessments and
	tests required prior to a		OY		NO	identify those especia assessments and meth must be submitted to Development Departi	nod statements Estates & Capital
		HAZARDS AND PR	ECAUTIONS	i		works commencing.	nent in advance
Are all persons requi	iring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result
	ace been isolated from all conr		YES	○ NO	Time	of Test 1:	
Has the confined spa	ace been purged with air/wate	r/steam?	YES	○ NO	OXYG		PASS/F.
Has the confined spa	ace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined spa	ace been mechanically isolated	l and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined space	e below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and e	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO		_	
Is there are continuo	ous supply of respirable air?		○ YES	○ NO		of Test 2:	DACC/E
Is the means of acce	ss to and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG		PASS/F.
Is breathing apparat	us at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F
Is the safety line/trip	ood/harness and any other back	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emerg	gency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/F
Is a trained and com	petent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAN	NCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as o	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	
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I confirm that the ac	tivity has been completed, che	HANDBACK, RECEIPT AN cked by myself and the area left see			ion.		
Permit Acceptor:		Signature:			Time:	Date	
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	pt of this form having been info	ormed that the person tidy condition.	I am satisfied	that the activity h	as been co	mpleted in accord	ance with th

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Organisation:		Permit Ac	ceptor	:					Mo	bile N	umber:			
Building:		Access Po	oint:						2n	d Escap	oe Route:			
Job Details:														
Has a suitable and su	ufficient risk assessm	ent heen u	ındert	aken f	or this	task?	( YI	'FS		01	NO.	NB: The Mana Safety at Wor	k Regulati	
Has a method statem				akciii	01 (1113		$\bigcirc$ YI			10		five or more e	mployees	
				<u> </u>						10		identify those assessments	especiall and meth	y at risk. Risk od statements
Are atmospheric test	s required prior to a	na auring e	entry	•			O II	E3		() I	NO		Departm	states & Capital ent in advance
		<u>H</u> A	AZAR	DS AN	D PRE	CAUTI	ONS	5				WORKS COMMI	ricing.	
Are all persons requiring e	entry into the confined sp	ace trained a	nd com	petent	•	○ YE	ES		○ N	)	Atn	nospheric	Testi	ng Result
Has the confined space be	een isolated from all conn	ected pipewo	ork?			○ YE	ES .		ON	)	Time	of Test 1:		
Has the confined space be	een purged with air/water	/steam?				○ YE	ES		ON	)	OXY	GEN		PASS/F/
Has the confined space be	een electrically isolated ar	nd locked out	:?			○ YE	ES		ON	)	CARE	BON MONOXI	DE _	PASS/F/
Has the confined space be	een mechanically isolated	and locked o	off?			○ YE	ES		○ No	)	CARE	BON DIOXIDE		PASS/F/
Is the confined space belo	w 30 Degrees Celsius on	full cooling?				○ YE	ES		○ No	)	ОТНІ	ER (SPECIFY)		PASS/F/
Is the entrance and exit la	rge enough to allow acce	ss and egress	in an e	merger	ncy?	○ YE	ES		○ No	)				
Is there are continuous su	pply of respirable air?					○ YE	ES		○ No	)	Time	of Test 2:	L	
Is the means of access to a	and escape from the confi	ned space ac	ceptab	le?		○ YE	ES		○ No	)	OXY	GEN	L	PASS/F/
Is breathing apparatus at I	hand and in good working	g order?				○ YE	ES		○ No	)	CARE	BON MONOX	DE	PASS/F/
Is the safety line/tripod/ha	arness and any other back	up equipmer	nt to ha	and?		○ YE	ES		○ No	)	CARE	BON DIOXIDE		PASS/F/
Are adequate emergency	arrangements in place?					○ YE	ES .		ON	)	ОТНІ	ER (SPECIFY)		PASS/F/
Is a trained and competen	it standby person posted	at the point o	of entry	?		○ YE	ES .		○ No	)				
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				not conr	iected wi	ith the w	vork)		<b>-</b>					
Name:		Position	n:							Conta	act:			
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I confirm that I have verific and the conditions of this												ry out the wo	ork as d	efined abov
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Company:		Permit Issue	er:					Vā	alid T	0:	Time:		Date:	
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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: Date:

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Aston University		CONFI	NEC		CE E		Y P	PEF	RMI	<u> </u>	REF:	0012		
Organisation:		Permit Ac	ccepto	r:					Mo	bile N	umber:			
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Job Details:		·												
Has a suitable and su	fficient risk assessme	ant heen u	ınder	taken f	or this	task?	$\bigcirc$ Y	/Fς		10	NO.	NB: The Mana Safety at Wor	k Regulati	
Has a method statem				Lakerri	01 (1113		$\bigcirc$ Y			10		five or more e	mployees	
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Are atmospheric test	s required prior to ai	na auring (	entry				<u> </u>	E3		OI	10		Departm	ent in advance
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Are all persons requiring e	entry into the confined spa	ace trained a	nd con	npetent	?	○ YI	ES		○ N	)	Atn	nospheric	Testi	ng Resul
Has the confined space be	en isolated from all conn	ected pipewo	ork?			○ YI	ES		ON	)	Time	of Test 1:		
Has the confined space be	en purged with air/water	/steam?				○ YI	ES		ON	)	OXY	GEN		PASS/F
Has the confined space be	en electrically isolated ar	ıd locked out	:?			○ YI	ES		ON	)	CARE	BON MONOXI	DE	PASS/F
Has the confined space be	en mechanically isolated	and locked o	off?			○ YI	ES		ON	) )	CARE	BON DIOXIDE	F	PASS/F
Is the confined space belo	w 30 Degrees Celsius on 1	full cooling?				○ YI	ES		○ No	)	ОТНІ	ER (SPECIFY)		PASS/F
Is the entrance and exit la	ge enough to allow acces	ss and egress	in an e	emerger	ncy?	○ YI	ES		○ No	)				
Is there are continuous su	pply of respirable air?					○ YI	ES		○ No	) )	Time	of Test 2:	Ļ	
Is the means of access to a	and escape from the confi	ned space ac	ceptak	ole?		○ YI	ES		○ No	)	OXY	GEN	Ļ	PASS/F
Is breathing apparatus at I	nand and in good working	g order?				○ YI	ES		○ No	)	CARE	BON MONOX	DE	PASS/F
Is the safety line/tripod/ha	rness and any other back	up equipme	nt to h	and?		○ YI	ES		○ No	) )	CARE	BON DIOXIDE	Ļ	PASS/F
Are adequate emergency	arrangements in place?					○ YI	ES		○ N	<b>)</b>	ОТНІ	ER (SPECIFY)		PASS/F
Is a trained and competen	t standby person posted	at the point o	of entry	 y?		○ YI	ES		○ N	<b>)</b>				
			EME	RGEN	CY COI	NTACT	<u>'S</u>							
	1	(P	erson ı	not conr	nected w	ith the v	vork)		<u> </u>					
Name:		Position	า:							Conta	act:			
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I confirm that I have verific and the conditions of this												rry out the wo	ork as d	efined abo
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Time: Date: 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.

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Aston University		CONFI	NEC		ACE E		Y P	PEF	RMI	<u> </u>	REF:	0013		
Organisation:		Permit Ac	ccepto	r:					Mo	bile N	umber:			
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Has a suitable and su	fficient risk assessme	ant heen u	ınder	takon f	or this	tack?	$\bigcirc$ Y	Ές.		10	NO.	NB: The Mana Safety at Wor	k Regulati	
Has a method statem				takerri	01 (1113		$\bigcirc$ Y			10		five or more e	mployees	
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Are atmospheric test	s required prior to ai	na auring (	entry	•			<u> </u>	E3		OI	NO		Departm	states & Capita ent in advance
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Are all persons requiring e	entry into the confined spa	ace trained a	nd con	npetent	?	○ YI	ES		○ N	)	Atn	nospheric	Testi	ng Resul
Has the confined space be	en isolated from all conn	ected pipewo	ork?			○ YI	ES		ON	)	Time	e of Test 1:		
Has the confined space be	en purged with air/water	/steam?				○ YI	ES		ON	)	ОХҮ	GEN		PASS/F
Has the confined space be	en electrically isolated an	ıd locked out	:?			○ YI	ES		ON	)	CAR	BON MONOXI	DE	PASS/F
Has the confined space be	en mechanically isolated	and locked o	off?			○ YI	ES		ON	) )	CAR	BON DIOXIDE	F	PASS/F
Is the confined space belo	w 30 Degrees Celsius on 1	full cooling?				○ YI	ES		○ N	)	ОТН	ER (SPECIFY)		PASS/F
Is the entrance and exit la	ge enough to allow acces	ss and egress	in an e	emerger	ncy?	○ YI	ES		○ N	)				
Is there are continuous su	pply of respirable air?					○ YI	ES		○ N	) )	Time	of Test 2:	Ļ	
Is the means of access to a	and escape from the confi	ned space ac	ceptak	ole?		○ YI	ES		○ N	)	OXY	GEN	Ļ	PASS/F
Is breathing apparatus at I	nand and in good working	g order?				○ YI	ES		○ N	)	CAR	BON MONOX	DE	PASS/F
Is the safety line/tripod/ha	rness and any other back	up equipme	nt to h	and?		○ YI	ES		○ N	) )	CAR	BON DIOXIDE	Ļ	PASS/F
Are adequate emergency	arrangements in place?					○ YI	ES		○ N	) )	ОТН	ER (SPECIFY)		PASS/F
Is a trained and competen	t standby person posted	at the point o	of entry	y?		○ YI	ES		○ N	)				
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Name:		Position		not com	iected w	itii tiie v	VOIK)			Conta	act:			
		ALITI	IODIC	ATION	N AND	ACCE!	AATC	NCE			_			
I confirm that I have verific and the conditions of this		and ensured	l that th	ne neces	sary pre	cautions	have	e bee	n takeı			rry out the wo	ork as d	efined abov
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Time: Date: 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.

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Aston Universi	ty	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0014	
Organisation:		Permit Acceptor:		Mobile N	umber:		
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Has a suitable ar	nd sufficient risk assessm	ent been undertaken for thi	s task?	YES (	NO	NB: The Managemen Safety at Work Regul amended) require th	ations 1999 (as
	atement been undertake				NO NO	five or more employed significant findings of	ees record the f assessments and
	tests required prior to a				NO	identify those especi assessments and me must be submitted to Development Depar	thod statements o Estates & Capital
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Are all persons requi	iring entry into the confined sp	ace trained and competent?	YES		Atm	ospheric Tes	ting Result
	ace been isolated from all conr		○ YES	○ NO	Time	of Test 1:	
Has the confined spa	ace been purged with air/wate	r/steam?	YES	○ NO	OXYG		PASS/F
Has the confined spa	ace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined spa	ace been mechanically isolated	and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined space	e below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and e	exit large enough to allow acce	ss and egress in an emergency?	○ YES	○ NO		_	
ls there are continuo	ous supply of respirable air?		○ YES	○ NO		of Test 2:	DASS/E
Is the means of acce	ss to and escape from the conf	ned space acceptable?	○ YES	○ NO	OXYG	_	PASS/F
Is breathing apparat	us at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F
ls the safety line/trip	ood/harness and any other back	sup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emerg	gency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/F
ls a trained and com	petent standby person posted	at the point of entry?	○ YES	○ NO			
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Aston University		CONFI	NEC		CE E		Y P	PEF	RMI <sup>-</sup>	<u>Γ</u>	REF:	0015		
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Has a suitable and su	fficient risk assessme	ent heen u	ınder	taken f	or this	task?	$\bigcirc$ Y	ΈS			NO.	NB: The Mana Safety at Wor	k Regulat	
Has a method statem				takerri	01 (1113		OY			01		five or more e	mployee	
Are atmospheric test				.2			OY					identify those assessments	especiall and meth	y at risk. Risk od statements
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Are all persons requiring e	entry into the confined sp	ace trained a	nd cor	mpetent	?	○ YI	ES		○ N	)	Atn	nospheric	Testi	ng Resul
Has the confined space be	en isolated from all conn	ected pipewo	ork?			○ YI	ES		ON	)	Time	of Test 1:		
Has the confined space be	en purged with air/water	/steam?				○ YI	ES		ON	)	OXY	GEN		PASS/F
Has the confined space be	en electrically isolated ar	nd locked out	:?			○ YI	ES		ON	)	CARE	SON MONOX	IDE .	PASS/F
Has the confined space be	en mechanically isolated	and locked o	off?			○ YI	ES		ON	) )	CARE	SON DIOXIDE		PASS/F
Is the confined space belo	w 30 Degrees Celsius on	full cooling?				○ YI	ES		○ N	)	ОТНІ	ER (SPECIFY)		PASS/F
Is the entrance and exit la	ge enough to allow acce	ss and egress	in an	emerger	ncy?	○ YI	ES		○ N	)				
Is there are continuous su	pply of respirable air?					○ YI	ES		○ N	) )	Time	of Test 2:		
Is the means of access to a	and escape from the confi	ned space ac	cepta	ble?		○ YI	ES		○ N	) )	OXY	GEN		PASS/F
Is breathing apparatus at I	nand and in good working	g order?				○ YI	ES		○ N	) )	CARE	BON MONOX	DE	PASS/F
Is the safety line/tripod/ha	rness and any other back	up equipme	nt to h	and?		○ YI	ES		○ N	) )	CARE	BON DIOXIDE		PASS/F
Are adequate emergency	arrangements in place?					○ YI	ES		○ N	) )	ОТНІ	ER (SPECIFY)		PASS/F
Is a trained and competen	t standby person posted	at the point o	of entr	y?		○ YI	ES		○ N	)				
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Permit Acceptor:		Signature:						V	alid F	rom:	Time:		Date:	
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Time: Date: 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.

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Aston University	,	CONFINED SPACE (RED ZO		PERMIT	REF:	0016	
Organisation:		Permit Acceptor:		Mobile N	umber:		
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Job Details:							
Has a suitable and	Loufficient rick assessm	ent been undertaken for thi	s task?	′ES O	NO	NB: The Management of Hea	999 (as
	ement been undertake		S task: O			amended) require that organ five or more employees reco significant findings of assessi	rd the
	ests required prior to a		OY			identify those especially at ri- assessments and method sta must be submitted to Estates	tements & Capital
		HAZARDS AND PR	ECAUTION:	S		□ Development Department ir works commencing.	n advance c
re all persons requirir	ng entry into the confined sr	pace trained and competent?	YES	○ NO	Atm	ospheric Testing	Result
	e been isolated from all conr	·	YES	ONO	Time	of Test 1:	
	e been purged with air/wate		YES		OXYG		PASS/F <i>i</i>
	e been electrically isolated a		YES	○ NO			PASS/F/
las the confined space	e been mechanically isolated	d and locked off?	YES	ONO			PASS/F
the confined space b	pelow 30 Degrees Celsius on	full cooling?	YES	○ NO			PASS/F/
the entrance and exi	it large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuous	s supply of respirable air?		YES	○ NO	Time	of Test 2:	
the means of access	to and escape from the conf	fined space acceptable?	YES	○ NO	OXYG		PASS/F/
s breathing apparatus	at hand and in good workin	ng order?	YES	○ NO	CARBO	DIV MONOXIDE	PASS/F/
s the safety line/tripod	d/harness and any other bac	kup equipment to hand?	○ YES	ONO			PASS/F/
Are adequate emerger	ncy arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	PASS/F <i>F</i>
s a trained and compe	etent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
		(Person not connected	with the work)				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	АССЕРТА	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as define	ed above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activ	rity has been completed, che	HANDBACK, RECEIPT AN			ion.		
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Organisation:	Permit Ac	ceptor:			Mobile N	umber:		
Building:	Access Po	pint:			2nd Escar	e Route:		
Job Details:								
Has a suitable and suffic	ient risk assessment been u	ndertaken for th	is task?	YES	10	NO.	NB: The Manageme Safety at Work Regi	
	t been undertaken for this t			YES	10		five or more emplo	
	equired prior to and during			YES	10		identify those espe assessments and m must be submitted	
		·					Development Depa works commencing	rtment in advance of J.
	<u>H</u>	AZARDS AND PR				0.1		ti D. It
Are all persons requiring entry	into the confined space trained a	nd competent?	○ YE		○ NO	Atm	ospneric i es -	sting Results
Has the confined space been i	solated from all connected pipewo	ork?	○ YE		○ NO	Time	of Test 1:	
Has the confined space been p	ourged with air/water/steam?		○ YE		○ NO	OXYG	EN [	PASS/FAI
Has the confined space been e	electrically isolated and locked out	?	○ YE		○ NO	CARBO	ON MONOXIDE	PASS/FAI
Has the confined space been r	nechanically isolated and locked o	off?	○ YE		○ NO	CARBO	ON DIOXIDE	PASS/FAI
Is the confined space below 30	Degrees Celsius on full cooling?		○ YE	S	○ NO	OTHE	R (SPECIFY)	PASS/FAI
Is the entrance and exit large	enough to allow access and egress	in an emergency?	○ YE	S	○ NO	Time	of Test 2:	
Is there are continuous supply	of respirable air?		○ YE	S	○ NO	OXYG	[	PASS/FAI
Is the means of access to and e	escape from the confined space ac	ceptable?	○ YE	S	○ NO		ON MONOXIDE	PASS/FAI
Is breathing apparatus at hand	d and in good working order?		○ YE	S	○ NO		ON DIOXIDE	PASS/FAI
Is the safety line/tripod/harnes	ss and any other backup equipmen	nt to hand?	○ YE	S	○ NO		L	PASS/FAI
Are adequate emergency arra	ngements in place?		○ YE	S	○ NO	OTHER	R (SPECIFY)	17133/171
Is a trained and competent sta	ndby person posted at the point o	of entry?	○ YE	S	○ NO			
	(P	EMERGENCY Co		_				
Name:	Position	n:			Conta	oct:		
	AUTH	ORISATION AN	D ACCEP	TANCE				
	ne above information and ensured norisation form have been explaine	, ,					y out the work a	s defined above
Permit Acceptor:	Signature:			Va	llid From:	Time:	Dat	te:
Company:	Permit Issue	r:		Va	llid To:	Time:	Dat	te:
	HANDBA	CK, RECEIPT AN	ID CANC	ELLATIO	<u>NC</u>			
I confirm that the activity has I	oeen completed, checked by myse	elf and the area left se	ecure and ir	n a safe an	d tidy condit	ion.		
Dawnit A against an						Т		
Permit Acceptor:	SECURITY	Signature:				Time:	Dat	

Date:

Time:

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:

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Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0018	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable and s	sufficient risk assessm	ent been undertaken for thi	c tack?	YES O	NO	NB: The Management of Safety at Work Regulatio amended) require that o	ns 1999 (as
	ment been undertake				NO NO	five or more employees r significant findings of ass	ecord the
	sts required prior to a				NO NO	identify those especially assessments and method must be submitted to Est	d statements tates & Capital
		HAZARDS AND PR	ECAUTION	IS		☐ Development Department works commencing.	nt in advance o
Are all persons requiring	entry into the confined sr	pace trained and competent?	YES	○ NO	Atm	ospheric Testin	g Result
	been isolated from all conr	<u> </u>	YES	○ NO	Time	of Test 1:	
	been purged with air/wate		○ YES	 ○ NO	OXYG		PASS/F
	been electrically isolated a		YES	○ NO		ON MONOXIDE	□ □ PASS/F/
las the confined space	been mechanically isolated	d and locked off?	YES	○ NO		ON DIOXIDE	PASS/F
the confined space be	low 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuous	supply of respirable air?		○ YES	○ NO	Time	of Test 2:	7 5466/5
s the means of access to	and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatus a	t hand and in good workir	g order?	○ YES	○ NO		ON MONOXIDE	PASS/FA
s the safety line/tripod/	harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emergend	y arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and compet	ent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		·)			
			with the work				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	O ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as de	fined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activit	y has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date:	
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	f this form having been inf ea secure and in a safe and					mpleted in accordar	

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Organisation:		Permit Ac	cepto	r:					Mo	bile N	umber:			
Building:		Access Po	oint:						2n	d Escap	oe Route:			
Job Details:									'					
Has a suitable and su	ufficient rick assessm	ent heen u	ındar	taken f	or this	task?	$\bigcirc$ Y	/Fς		01	NO.	NB: The Mana	k Regulati	
Has a method statem				- Carcini	01 (1113		$\bigcirc$ Y			10		five or more e	mployees	
							$\bigcirc$ Y			10		identify those assessments a	especiall and meth	y at risk. Risk od statements
Are atmospheric test	.s required prior to a	na during e	entry	:			<u> </u>	E3		OI	10		Departm	states & Capital ent in advance
		<u>H</u> A	AZAR	DS AN	D PRE	CAUTI	ONS	<u>S</u>				WORKS COMMI	incing.	
Are all persons requiring e	entry into the confined sp	ace trained a	nd con	npetent	?	○ YI	ES		○ N	)	Atn	nospheric	Testi	ng Result
Has the confined space be	en isolated from all conn	ected pipewo	ork?			○ YI	ES		ON	)	Time	of Test 1:		
Has the confined space be	een purged with air/wate	r/steam?				○ YI	ES		○ No	)	OXY	GEN		PASS/F
Has the confined space be	en electrically isolated ar	nd locked out	:?			○ YI	ES		ON	)	CARE	BON MONOXI	DE	PASS/F
Has the confined space be	en mechanically isolated	and locked o	off?			○ YI	ES		ON	) )	CARE	BON DIOXIDE	F	PASS/F
Is the confined space belo	w 30 Degrees Celsius on	full cooling?				○ YI	ES		○ No	)	ОТНІ	ER (SPECIFY)		PASS/F
Is the entrance and exit la	rge enough to allow acce	ss and egress	in an	emerger	ncy?	○ YI	ES		○ No	)				
Is there are continuous su	pply of respirable air?					○ YI	ES		○ No	) )	Time	of Test 2:	Ļ	
Is the means of access to a	and escape from the conf	ined space ac	ceptal	ole?		○ YI	ES		○ No	)	OXY	GEN	Ļ	PASS/F
Is breathing apparatus at	 hand and in good workin	g order?				○ YI	ES		○ No	)	CARE	BON MONOXI	DE	PASS/F
Is the safety line/tripod/ha	arness and any other back	cup equipmer	nt to h	and?		○ YI	ES		○ No	) )	CARE	BON DIOXIDE	Ļ	PASS/F
Are adequate emergency	arrangements in place?					○ YI	ES		○ No	) )	ОТНІ	ER (SPECIFY)		PASS/F
Is a trained and competen	nt standby person posted	at the point o	of entry	y?		○ YI	ES		○ N	)				
		(D		RGEN(										
Name:		Position		lot com	rected w	nui uie v				Conta	act:			
		ALITU	IODIC	ATIO	I AND	ACCEI		NCE						
I confirm that I have verificand the conditions of this		and ensured	that tl		sary pre	cautions	have	e bee	n taker			ry out the wo	ork as d	efined abov
Permit Acceptor:		Signature:						V	alid F	rom:	Time:		Date:	
Company:		Permit Issue	r:					V	alid T	0:	Time:		Date:	
		HANDBA	\CK, I	RECEIF	T AND	CANC	CELL	ATI	ON					
I confirm that the activity	has been completed, che									condit	ion.			
		1								$\neg \vdash$	Г			
Permit Acceptor:			Sig	gnature:							Time:		Date:	
	SECURITY							EST	ATES	& CA	PITAL	<b>DEVELOP</b>	MENT	•

J 1	ge receipt of this form having been informed that the person s left the area secure and in a safe and tidy condition.			I	I am satisfied that the activity had permit and the area left secure a		•		
	Time:	Date:				Time:		Date:	

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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				•			
Has a suitable and	sufficient rick assessm	ent been undertaken for thi	s task? \( \cap Y	ES O	NO	NB: The Management o Safety at Work Regulati amended) require that	ons 1999 (as
	tement been undertake		S task: O I			five or more employees significant findings of a	record the
	ests required prior to a		OY			identify those especially assessments and metho must be submitted to E	od statements states & Capital
		HAZARDS AND PR	ECAUTIONS	5		□ Development Departm works commencing.	ent in advance o
Are all persons requiri	ng entry into the confined sr	pace trained and competent?	YES	○ NO	Atm	ospheric Testii	ng Result
	e been isolated from all conr	·	YES	○ NO	Time	of Test 1:	
	e been purged with air/wate		YES		OXYG		PASS/F/
	e been electrically isolated a		YES	○ NO		ON MONOXIDE	PASS/F/
las the confined spac	e been mechanically isolated	d and locked off?	YES	○ NO		ON DIOXIDE	PASS/F/
s the confined space I	below 30 Degrees Celsius on	full cooling?	YES	○ NO		R (SPECIFY)	PASS/F
s the entrance and ex	it large enough to allow acce	ess and egress in an emergency?	YES	○ NO		. ,	
s there are continuou	s supply of respirable air?		YES	○ NO	Time	of Test 2:	
s the means of access	to and escape from the conf	fined space acceptable?	YES	○ NO	OXYG		PASS/F/
s breathing apparatus	s at hand and in good workin	ng order?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
s the safety line/tripo	d/harness and any other bac	kup equipment to hand?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F/
Are adequate emerge	ncy arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	PASS/F
s a trained and compo	etent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO	NTACTS				
		(Person not connected	with the work)				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as do	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
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confirm that the activ	vity has been completed, che	HANDBACK, RECEIPT AN			ion.		
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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable an	nd sufficient risk assessm	ent been undertaken for thi	s task?	YES (	NO	NB: The Management of Safety at Work Regulation amended) require that or	ns 1999 (as
	atement been undertake				NO NO	five or more employees r significant findings of ass	ecord the
	tests required prior to a				NO	assessments and method must be submitted to Est	l statements ates & Capital
		HAZARDS AND PR	ECAUTION	S		☐ Development Departmen works commencing.	it in advance o
Are all persons requi	iring entry into the confined sp	ace trained and competent?	YES		Atm	ospheric Testin	g Result
	ace been isolated from all conn	<u> </u>	YES	○ NO	Time	of Test 1:	
Has the confined spa	ace been purged with air/wate	r/steam?	YES	○ NO	OXYG		PASS/F
Has the confined spa	ace been electrically isolated ar	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined spa	ace been mechanically isolated	and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined space	e below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and e	exit large enough to allow acce	ss and egress in an emergency?	YES	○ NO			
ls there are continuo	ous supply of respirable air?		○ YES	○ NO	Time	of Test 2:	7 5466/5
Is the means of acces	ss to and escape from the conf	ned space acceptable?	○ YES	○ NO	OXYG		PASS/F
Is breathing apparat	us at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F
Is the safety line/trip	od/harness and any other back	sup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emerg	gency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
ls a trained and com	petent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		1			
	1		with the work				
Name:		Position:		Cont	act:		
		AUTHORISATION ANI	O ACCEPTA	NCE			
		and ensured that the necessary problem explained to all workers invo				ry out the work as de	fined above
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I confirm that the act	tivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable and s	ufficient risk assessm	ent been undertaken for thi	s task?	VES (	NO	NB: The Management of H Safety at Work Regulation amended) require that or	ıs 1999 (as
	ment been undertake			YES O		five or more employees re significant findings of ass	ecord the essments and
	sts required prior to a		0,		NO	identify those especially a assessments and method must be submitted to Esta Development Departmen	statements ates & Capital
		HAZARDS AND PR	ECAUTION	<u>S</u>		works commencing.	in an advance of
Are all persons requiring	entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testin	g Result
Has the confined space I	peen isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space I	peen purged with air/wate	r/steam?	YES	○ NO	OXYG	EN E	PASS/F/
las the confined space I	peen electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
as the confined space I	peen mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space be	low 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit l	arge enough to allow acce	ess and egress in an emergency?	YES	○ NO			
s there are continuous s	upply of respirable air?		YES	○ NO	Time	of Test 2:	7 2466/5
s the means of access to	and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/FA
s breathing apparatus a	t hand and in good workin	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod/l	harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emergenc	y arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compete	ent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		)			
			with the work,				
Name:		Position:		Cont	act:		
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		n and ensured that the necessary probeen explained to all workers invo				y out the work as def	ined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
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confirm that the activit	y has been completed, che	HANDBACK, RECEIPT AN			tion.		
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Aston Univers	sity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0023	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable a	and sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Managemen Safety at Work Regul amended) require th	ations 1999 (as
	statement been undertake		O Y		NO NO	five or more employed significant findings of	ees record the f assessments and
	ic tests required prior to a		O Y		NO	assessments and me must be submitted to Development Depar	thod statements o Estates & Capital
		HAZARDS AND PRI	ECAUTIONS			works commencing.	
Are all persons req	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ting Result
Has the confined s	pace been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined s <sub>l</sub>	pace been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F/
Has the confined sp	pace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined sp	pace been mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
ls the confined spa	ce below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F.
Is the entrance and	d exit large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
Is there are continu	uous supply of respirable air?		○ YES	○ NO		of Test 2:	DACC/E
Is the means of acc	ess to and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG	_	PASS/F/
Is breathing appara	atus at hand and in good workin	ng order?	YES	○ NO		ON MONOXIDE	
ls the safety line/tri	ipod/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate eme	rgency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/F/
Is a trained and cor	mpetent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
🗆		· .					
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAN	<u>ICE</u>			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	2:
Company:		Permit Issuer:		Valid To:	Time:	Date	2:
I confirm that the a	activity has been completed, che	HANDBACK, RECEIPT AN			tion.		
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	<u>SECURITY</u>			ESTATES & CA	APITAL [	DEVELOPMEN	IT
l acknowledge rece	eipt of this form having been inf	ormed that the person	I am satisfied t	that the activity h	as been co	mpleted in accor	dance with th

Date:

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las a suitable and	I sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Management of H Safety at Work Regulation amended) require that ord	s 1999 (as
	tement been undertake		S task: O			five or more employees re significant findings of asse	cord the essments and
	ests required prior to a		0)			identify those especially a assessments and method must be submitted to Esta Development Departmen	statements tes & Capital
		HAZARDS AND PR	ECAUTION:	<u>s</u>		works commencing.	
re all persons requiri	ng entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testing	g Result
las the confined space	e been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space	e been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/FA
las the confined space	e been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
las the confined space	e been mechanically isolated	and locked off?	YES	ONO	CARBO	ON DIOXIDE	PASS/F/
the confined space b	pelow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
the entrance and ex	it large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuous	s supply of respirable air?		YES	○ NO		of Test 2:	7 5466/5/
s the means of access	to and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG		│ PASS/F <i>I</i> │ PASS/F <i>I</i>
s breathing apparatus	at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/FA
s the safety line/tripod	d/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emerger	ncy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	_ PA33/FF
s a trained and compe	etent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
			with the work				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		and ensured that the necessary pr been explained to all workers invo				y out the work as defi	ned above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
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confirm that the activ	rity has been completed, che	HANDBACK, RECEIPT AN			ion.		
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Job Details:				·			
Has a suitable and s	sufficient risk assessm	ent been undertaken for thi	c tack?	YES O	NO	NB: The Management of Health Safety at Work Regulations 1999 amended) require that organisa	9 (as
	ment been undertake				NO NO	five or more employees record to significant findings of assessme	the
	sts required prior to a				NO NO	identify those especially at risk. assessments and method stater must be submitted to Estates &	Risk ments Capital
		HAZARDS AND PR	FCALITION	IS		<ul> <li>Development Department in ac works commencing.</li> </ul>	dvance o
	Constant				Atm	ospheric Testing Re	esult
	been isolated from all conr	pace trained and competent?	YES	○ NO			
	been purged with air/wate		() YES	○ NO	OXYG	of Test 1:	ASS/F/
	been electrically isolated a		YES	 ○NO			ASS/F/
	been mechanically isolated		YES	○ NO		OIT MONOXIDE	ASS/F/
	low 30 Degrees Celsius on		YES	○ NO		OIV DIOXIDE	ASS/F
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuous	supply of respirable air?		YES	○ NO	Time	of Test 2:	
the means of access to	o and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		ASS/F
s breathing apparatus a	t hand and in good workin	ng order?	YES	○ NO			ASS/F/
the safety line/tripod/	harness and any other bac	kup equipment to hand?	○ YES	○ NO			ASS/F/
are adequate emergend	y arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	ASS/F
s a trained and compete	ent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		a)			
			with the work				
Name:		Position:		Cont	act:		
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		n and ensured that the necessary probeen explained to all workers invol				y out the work as defined	labove
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confirm that the activit	y has been completed, che	HANDBACK, RECEIPT AN			ion.		
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	f this form having been inf ea secure and in a safe and					mpleted in accordance w fe and tidy condition.	ith th

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Organisation:		Permit Acceptor:		Mobile N	umber:		
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Job Details:		•		·			
Has a suitable and	sufficient risk assessm	ent been undertaken for thi	s task?	YES O	NO	NB: The Management of Safety at Work Regulatio amended) require that o	ns 1999 (as
	ement been undertake			YES O		five or more employees significant findings of as	record the sessments and
	ests required prior to a			YES O		identify those especially assessments and methor must be submitted to Es Development Departme	d statements tates & Capital
		HAZARDS AND PR	ECAUTION	<u>IS</u>		works commencing.	ne iir da rance c
Are all persons requirir	ng entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testin	g Result
las the confined space	e been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space	e been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F/
as the confined space	e been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
as the confined space	been mechanically isolated	l and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space b	elow 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exi	t large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
there are continuous	supply of respirable air?		○ YES	○ NO	Time	of Test 2:	7 5466/5
the means of access	to and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatus	at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod	/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emerger	ncy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and compe	tent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		()			
[		· .					
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPT <i>E</i>	NCE			
		and ensured that the necessary pr been explained to all workers invol				ry out the work as de	fined above
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confirm that the activ	ity has been completed, che	HANDBACK, RECEIPT AN			ion.		
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Organisation:	Permit Ad	cceptor:			Mobile Nu	umber:		
Building:	Access Po	pint:			2nd Escap	oe Route:		
Job Details:	,							
Has a suitable and suffic	ient risk assessment been u	ındertaken for t	his task?	○ YES	(1)	NO	NB: The Manageme Safety at Work Reg	
	t been undertaken for this t			YES	0.		five or more emplo significant findings	yees record the of assessments and
	quired prior to and during			YES	01		assessments and m must be submitted	
	-	•						artment in advance of
	<u>H/</u>	AZARDS AND P	RECAUTI	<u>ONS</u>				
Are all persons requiring entry	into the confined space trained a	nd competent?	○ YE	:S	○ NO	Atm	ospheric Te	sting Results
Has the confined space been is	solated from all connected pipewo	ork?	○ YE	:S	○ NO	Time	of Test 1:	
Has the confined space been p	ourged with air/water/steam?		○ YE	:S	○ NO	OXYG	EN [	PASS/FAI
Has the confined space been e	electrically isolated and locked out	?	○ YE	:S	○ NO	CARBO	ON MONOXIDE	PASS/FAI
Has the confined space been r	nechanically isolated and locked o	off?	○ YE	:S	○ NO	CARBO	ON DIOXIDE [	PASS/FAI
Is the confined space below 30	Degrees Celsius on full cooling?		○ YE	:S	○ NO	OTHER	R (SPECIFY)	PASS/FAI
Is the entrance and exit large e	enough to allow access and egress	in an emergency?	○ YE	:S	○ NO		<b>.</b> [	
Is there are continuous supply	of respirable air?		○ YE	:S	○ NO		of Test 2:	PASS/FAI
Is the means of access to and e	escape from the confined space ac	cceptable?	○ YE	:S	○ NO	OXYG	L	PASS/FAI
Is breathing apparatus at hanc	l and in good working order?		○ YE	:S	○ NO		ADIXONOM NC 	
Is the safety line/tripod/harnes	ss and any other backup equipme	nt to hand?	○ YE	:S	○ NO		INDIXOID NC	PASS/FAI
Are adequate emergency arrai	ngements in place?		○ YE	:S	○ NO	OTHE	R (SPECIFY)	PASS/FAI
Is a trained and competent sta	ndby person posted at the point o	of entry?	○ YE	:S	○ NO			
	(P	EMERGENCY (		_				
Name:	Position		a with the v		Conta	act:		
	AUTH	IORISATION AN	ND ACCEP	TANCE				
	e above information and ensured orisation form have been explain	•	•				y out the work a	s defined above
Permit Acceptor:	Signature:			Va	lid From:	Time:	Da	te:
Company:	Permit Issue	er:		Va	lid To:	Time:	Da	te:
	HANDBA	ACK, RECEIPT A	ND CANC	ELLATIC	<u>N</u>			
I confirm that the activity has b	peen completed, checked by myse	elf and the area left	secure and i	n a safe and	d tidy condit	ion.		
Permit Acceptor:		Signature:				Time:	Da	te:

Time:

Date:

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.

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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable and s	ufficient risk assessm	ent been undertaken for thi	s task?	VES O	NO	NB: The Management of Safety at Work Regulation amended) require that or	ns 1999 (as
	ment been undertake			YES O		five or more employees r significant findings of ass	ecord the sessments and
	sts required prior to a				NO	assessments and method must be submitted to Est Development Departmen	l statements ates & Capital
		HAZARDS AND PR	ECAUTION	<u>S</u>		works commencing.	it in advance of
Are all persons requiring	entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testin	g Result
las the confined space l	peen isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space b	peen purged with air/wate	r/steam?	○ YES	○ NO	OXYG	EN	PASS/F/
las the confined space b	peen electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined space b	peen mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space be	low 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit I	arge enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
s there are continuous s	upply of respirable air?		○ YES	○ NO	Time	of Test 2:	7 5466/5
the means of access to	and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/FA
s breathing apparatus a	t hand and in good workin	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/FA
s the safety line/tripod/l	harness and any other bacl	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emergenc	y arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FF
s a trained and compete	ent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		)			
Name:		Position:		Cont	act:		
		<u>AUTHORISATION AND</u>	O ACCEPTA	NCE			
		n and ensured that the necessary probeen explained to all workers invo				y out the work as def	fined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
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confirm that the activity	y has been completed, che	HANDBACK, RECEIPT AN			ion.		
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	f this form having been info ea secure and in a safe and			that the activity h he area left secure		mpleted in accordan	

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Organisation:		Permit Acceptor:		Mobile N	umber:		
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Job Details:				,			
las a suitable and	I sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Management of Safety at Work Regulation amended) require that or	ns 1999 (as
	tement been undertak		S task: O I			five or more employees r significant findings of ass	ecord the essments and
	ests required prior to a		OY		NO	assessments and method must be submitted to Est Development Departmen	l statements ates & Capital
		HAZARDS AND PR	ECAUTION:	<u>s</u>		works commencing.	it in davance c
Are all persons requiri	ng entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testin	g Result
las the confined space	e been isolated from all conr	nected pipework?	YES	ONO	Time	of Test 1:	
las the confined spac	e been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN E	PASS/F/
las the confined space	e been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
as the confined space	e been mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space b	pelow 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and ex	it large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuou	s supply of respirable air?		○ YES	○ NO	Time	of Test 2:	7 5466/5
the means of access	to and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/FA
s breathing apparatus	at hand and in good workir	ng order?	○ YES	○ NO		ADIXONOM NC	PASS/FA
s the safety line/tripod	d/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emerge	ncy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compe	etent standby person posted	at the point of entry?	○ YES	ONO			
		EMERGENCY CO					
Name:		Position:		Cont	act:		
		<u>AUTHORISATION AND</u>	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as def	fined above
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confirm that the activ	rity has been completed, che	HANDBACK, RECEIPT AN			tion.		
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Job Details:				•			
Has a suitable and si	ufficient risk assessm	ent been undertaken for thi	s task? \( \tag{Y}	ES O	NO	NB: The Managemen Safety at Work Regulamended) require the	ations 1999 (as
	ment been undertake		O Y			five or more employe significant findings o	es record the f assessments and
	ts required prior to a		OY			assessments and met must be submitted to Development Depart	:hod statements Estates & Capital
		HAZARDS AND PR	ECAUTIONS	5		works commencing.	ent in davance c
Are all persons requiring	entry into the confined sp	ace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result
	een isolated from all conn	ected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space b	een purged with air/water	/steam?	YES	○ NO	OXYG	EN	PASS/FA
las the confined space b	een electrically isolated ar	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
las the confined space b	een mechanically isolated	and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F/
the confined space bel	ow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
s the entrance and exit la	arge enough to allow acce	ss and egress in an emergency?	YES	○ NO			
s there are continuous su	upply of respirable air?		○ YES	○ NO		of Test 2:	PASS/FA
s the means of access to	and escape from the conf	ned space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatus at	hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/FA
s the safety line/tripod/h	narness and any other back	sup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emergency	arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	F A33/1 F
s a trained and compete	nt standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO					
N		D			[		
Name:		Position:		Cont	act:		
		AUTHORISATION AND	O ACCEPTA	NCE			
		and ensured that the necessary probeen explained to all workers invo				y out the work as	defined above
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confirm that the activity	has been completed, che	HANDBACK, RECEIPT AN			ion.		
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	this form having been info a secure and in a safe and			that the activity he area left secure			

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Job Details:							
Has a suitable and	d sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Management of H Safety at Work Regulations amended) require that org	1999 (as
	tement been undertak		s task:			five or more employees re- significant findings of asse	cord the ssments and
	tests required prior to a		0)			identify those especially at assessments and method s must be submitted to Esta Development Department	statements tes & Capital
		HAZARDS AND PR	ECAUTION	<u>s</u>		works commencing.	inadvance
Are all persons requiri	ng entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testing	, Result
	e been isolated from all conr	nected pipework?	YES	ONO	Time	of Test 1:	
las the confined spac	e been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN E	PASS/F/
las the confined spac	e been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
as the confined spac	e been mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space	below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and ex	it large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuou	s supply of respirable air?		YES	ONO	Time	of Test 2:	1 5466/5
s the means of access	to and escape from the con	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatu	s at hand and in good workir	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripo	d/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F
Are adequate emerge	ncy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and comp	etent standby person posted	at the point of entry?	YES	ONO			
		EMERGENCY CO					
			with the work,				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	АССЕРТА	NCE			
		n and ensured that the necessary pr been explained to all workers invo				y out the work as defi	ned above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activ	vity has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date:	
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	t of this form having been inf area secure and in a safe and					mpleted in accordand fe and tidy condition.	

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Aston University	<u>.</u>	CONFI	NED		ACE E		Y P	PER	RMI	<u> </u>	REF:	0032		
Organisation:		Permit Ac	ceptor	r:					Mo	bile N	umber:			
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Job Details:														
Has a suitable and suf	ficient risk assessme	nt heen u	nder	takon f	or this	task?	( YI	ΈS		$\bigcirc$ I	NO.	NB: The Mana Safety at Wor	k Regulati	
Has a method statem				takerri	01 (1113		$\bigcirc$ YI			01		five or more e	mployees	
				?			$\bigcirc$ YI					identify those assessments	especiall and meth	y at risk. Risk od statements
Are atmospheric tests	required prior to an	ia during e	entry	•			O II				NO		t Departm	states & Capita ent in advance
		HA	ZAR	DS AN	D PRE	CAUTI	ONS	5				WORKS COMMIN	enemy.	
Are all persons requiring er	ntry into the confined spa	ice trained ar	nd con	npetent	?	○ YI	ES		○ N	)	Atn	nospheric	Testi	ng Resul
Has the confined space bee	en isolated from all conne	ected pipewo	ork?			○ YI	ES		ON	)	Time	of Test 1:		
Has the confined space bee	en purged with air/water/	steam?				○ YI	ES		○ No	)	ОХҮ	GEN		PASS/F
Has the confined space bee	en electrically isolated and	d locked out?	?			○ YI	ES		○ No	)	CAR	BON MONOX	IDE	PASS/F
Has the confined space bee	e confined space been mechanically isolated and locked off?					○ YI	ES		ON	)	CAR	BON DIOXIDE		PASS/F
Is the confined space below	space below 30 Degrees Celsius on full cooling?					○ YI	ES		○ No	 )	ОТН	ER (SPECIFY)		PASS/F
Is the entrance and exit larg	ge enough to allow acces	s and egress	in an e	emerger	ncy?	○ YI	ES		○ No	 )				
Is there are continuous sup	ply of respirable air?					○ YI	ES		○ N		Time	of Test 2:		
Is the means of access to ar	nd escape from the confir	ned space acc	ceptak	ole?		○ YI	ES		○ N		OXY	GEN		PASS/F
Is breathing apparatus at h	and and in good working	order?				○ YI	ES		○ N		CAR	BON MONOX	IDE	PASS/F
Is the safety line/tripod/har	ness and any other backu	up equipmer	nt to h	and?		○ YI			○ No	 )	CAR	BON DIOXIDE		PASS/F
Are adequate emergency a	rrangements in place?					○ YI	ES		() NO	 )	ОТН	ER (SPECIFY)		PASS/F
Is a trained and competent	standby person posted a	at the point o	of entry	y?		○ YI	ES		ON					
		-	EME	RGEN	CY COI	NTACT	'S							
					nected w									
Name:		Position	ո։ 🗌							Conta	act:			
		AUTH	ORIS	ATIO	N AND	ACCE	PTAN	NCE						
I confirm that I have verified and the conditions of this a												rry out the wo	ork as d	efined abov
Permit Acceptor:		Signature:						Vä	alid F	rom:	Time:		Date:	
Company:		Permit Issuei	r:					Vá	alid T	0:	Time:		Date:	
		HANDBA	CK, F	RECEIP	T AND	CANO	ELL	ATI	ON					
I confirm that the activity h										condit	ion.			
	· ·									<del>-</del>	Г			
Permit Acceptor:			Sig	gnature:							Time:		Date:	
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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.

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: Date: Date:

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Aston Univers	iity	CONFINED SPACE (RED ZO		ERMIT	REF:	0033	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable a	and sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Manageme Safety at Work Regu amended) require t	ılations 1999 (as
	tatement been undertak		O Y		NO NO	five or more employ significant findings	ees record the of assessments and
	ic tests required prior to a		O Y		NO	assessments and m must be submitted Development Depa	ethod statements to Estates & Capital
		HAZARDS AND PR	ECAUTIONS			works commencing	
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
Has the confined sp	pace been isolated from all conr	nected pipework?	○ YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN [	PASS/F
Has the confined sp	pace been electrically isolated a	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined sp	pace been mechanically isolated	d and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined space	ce below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F.
Is the entrance and	exit large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO		<b>4-</b> [	
Is there are continu	ous supply of respirable air?		○ YES	○ NO		of Test 2:	PASS/F
Is the means of acc	ess to and escape from the con	fined space acceptable?	○ YES	○ NO	OXYG	L	PASS/F/
Is breathing appara	atus at hand and in good workir	ng order?	YES	○ NO		ON MONOXIDE	PASS/F/
Is the safety line/tri	pod/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE [	PASS/F/
Are adequate emer	gency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	FA33/F/
Is a trained and con	npetent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO (Person not connected					
Name		Da siti a n		Carat	4.		
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAN	ICE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work a	s defined abov
Permit Acceptor:		Signature:		Valid From:	Time:	Dat	e:
Company:		Permit Issuer:		Valid To:	Time:	Dat	e:
I confirm that the a	ctivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Dat	e:
	<u>SECURITY</u>			ESTATES & CA	APITAL I	DEVELOPME	NT
l acknowledge rece	eipt of this form having been inf	ormed that the person	Lam satisfied t	hat the activity h	as been co	mpleted in acco	rdance with th

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Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0034	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:		•		·			
Has a suitable and	sufficient risk assessm	ent been undertaken for thi	s task?	YES O	NO	NB: The Management o Safety at Work Regulation amended) require that	ons 1999 (as
	ement been undertake			YES O		five or more employees significant findings of a	record the ssessments and
	ests required prior to a				NO	identify those especially assessments and metho must be submitted to E Development Departme	od statements states & Capital
		HAZARDS AND PR	ECAUTION	<u>IS</u>		works commencing.	
re all persons requirir	ng entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testii	ng Result
	e been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space	been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN E	PASS/F/
las the confined space	e been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
las the confined space	e been mechanically isolated	l and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F/
the confined space b	elow 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
the entrance and exi	t large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
s there are continuous	supply of respirable air?		○ YES	○ NO		of Test 2:	PASS/F/
s the means of access	to and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG	ON MONOXIDE	PASS/F/
s breathing apparatus	at hand and in good workin	g order?		○ NO			PASS/F/
s the safety line/tripod	/harness and any other back	kup equipment to hand?		○ NO		ON DIOXIDE	PASS/F/
Are adequate emerger	ncy arrangements in place?			○ NO	OTHE	R (SPECIFY)	
s a trained and compe	tent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO (Person not connected		κ)			
Name:		Position:		Cont	oct:		
varrie.		Position.		Cont	act		
		AUTHORISATION AND	ACCEPT/	ANCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as de	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activ	ity has been completed, che	HANDBACK, RECEIPT AN			ion.		
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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:	2nd Escape Route:				
Job Details:							
Hac a cuitable and c	ufficient rick assessm	ent been undertaken for thi	s task?	/ES O	NO	NB: The Management of Safety at Work Regulation	ons 1999 (as
			task? YES		five or more employees record t		record the
Has a method statement been undertaken for this task?  Are atmospheric tests required prior to and during entry?			0,		NO	identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital	
		HAZARDS AND PR	ECAUTION	S		□ Development Departme works commencing.	ent in advance o
Are all persons requiring	entry into the confined so	pace trained and competent?	YES	○ NO	Atm	ospheric Testir	ng Result:
	peen isolated from all conr		YES	○ NO	Time	of Test 1:	
	peen purged with air/wate		YES	○ NO	OXYG		PASS/FA
·	peen electrically isolated a		YES	○ NO	-	ON MONOXIDE	□ □ PASS/F
las the confined space k	peen mechanically isolated	d and locked off?	YES	○ NO		ON DIOXIDE	PASS/F
Is the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F/
Is the entrance and exit large enough to allow access and egress in an emergency?				○ NO			
Is there are continuous supply of respirable air?				○ NO	Time	of Test 2:	
Is the means of access to and escape from the confined space acceptable?				○ NO	OXYG		PASS/F/
Is breathing apparatus at hand and in good working order?				○ NO	CARBO	ON MONOXIDE	PASS/F
Is the safety line/tripod/harness and any other backup equipment to hand?			YES	○ NO	CARBO	ON DIOXIDE	PASS/F/
Are adequate emergency arrangements in place?			YES	YES NO		R (SPECIFY)	PASS/FA
s a trained and compete	ent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO	<u>ONTACTS</u>				
		(Person not connected	with the work	)			
Name:		Position:		Cont	act:		
		AUTHORISATION AND	О АССЕРТА	NCE			
		n and ensured that the necessary problem explained to all workers invo	recautions hav	e been taken. It is :		y out the work as de	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
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confirm that the activity	/ has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
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Job Details:								
Has a suitable and	sufficient rick assessm	ent been undertaken for thi	r tack?	VEC O	NO	NB: The Management of He Safety at Work Regulations	1999 (as	
			task? YES		five or more employees record the		ord the	
Has a method statement been undertaken for this task?  Are atmospheric tests required prior to and during entry?			0,		NO	identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital		
		HAZARDS AND PR	ECAUTION	S		□ Development Department works commencing.	in advance o	
Are all persons requiring	n entry into the confined sr	pace trained and competent?	YES	O NO	Atm	ospheric Testing	Result	
	been isolated from all con	·	YES	○ NO	Time	of Test 1:		
·	been purged with air/wate		YES	○ NO	OXYG		PASS/FA	
·	been electrically isolated a		YES	○ NO	-	ON MONOXIDE	   PASS/F <i>i</i>	
Has the confined space been mechanically isolated and locked off?				○ NO		ON DIOXIDE	PASS/F	
Is the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F	
s the entrance and exit	large enough to allow acce	ess and egress in an emergency?	YES	○ NO			ı	
s there are continuous supply of respirable air?				○ NO	Time	of Test 2:	1 5466/5	
s the means of access to and escape from the confined space acceptable?				○ NO	OXYG		PASS/FA	
Is breathing apparatus at hand and in good working order?				○ NO		ON MONOXIDE	PASS/F/	
Is the safety line/tripod/harness and any other backup equipment to hand?			YES	○ NO		ON DIOXIDE	PASS/F <i>I</i>	
Are adequate emergency arrangements in place?			○ YES ○ NO		OTHE	R (SPECIFY)	PA33/FA	
s a trained and compet	ent standby person posted	l at the point of entry?	YES	○ NO				
		EMERGENCY CO		1				
			with the work,					
Name:		Position:		Cont	act:			
		AUTHORISATION AND	АССЕРТА	NCE				
		n and ensured that the necessary pr been explained to all workers invol				y out the work as defir	ned above	
Permit Acceptor:		Signature:		Valid From:	Time:	Date:		
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confirm that the activit	ry has been completed, che	HANDBACK, RECEIPT AN			tion.			
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	of this form having been inf ea secure and in a safe and					empleted in accordance ife and tidy condition.	e with thi	

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Aston University	<u>.</u>	CONFI	NEC		CE E		Y P	PER	MI <sup>T</sup>	<u>Γ</u>	REF:	0037		
Organisation:		Permit Ac	cepto	r:					Mo	bile N	umber:			
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Job Details:		<u>'</u>							1					
Has a suitable and suf	ficient risk assessme	nt heen u	nder	taken f	or this	task?	$\bigcirc$ Y	'FS		10	NO.	NB: The Mana Safety at Wor	k Regulati	
Has a method stateme				takerri	01 (1113	task:	$\bigcirc$ Y			10		five or more e	mployees	
				?			$\bigcirc$ Y			10		identify those assessments	especiall and meth	y at risk. Risk od statements
Are atmospheric tests	required prior to an	ia during e	entry	•			<u> </u>	E3		() I	NO		Departm	states & Capital ent in advance
		HA	AZAR	DS AN	D PRE	CAUTI	ONS	<u> </u>				WORKS COMMI	incing.	
Are all persons requiring er	ntry into the confined spa	ice trained ar	nd con	npetent	?	○ YI	ES		○ NO	)	Atn	nospheric	Testi	ng Result
Has the confined space bee		ected pipewo	ork?			○ YI	ES		ON	)	Time	of Test 1:		
Has the confined space bee		steam?				○ YI	ES		ONG	)	OXY	GEN		PASS/F.
Has the confined space bee	en electrically isolated and	d locked out	?			○ YI	ES		ONG	)	CARE	BON MONOX	DE	PASS/F
Has the confined space bee	en mechanically isolated a	and locked o	off?			○ YI	ES		ONG	)	CARE	CARBON DIOXIDE		PASS/F.
Is the confined space below	v 30 Degrees Celsius on fi	ull cooling?				○ YI	ES		ONG	 )	ОТНІ	ER (SPECIFY)		PASS/F
Is the entrance and exit larg	ge enough to allow acces	s and egress	in an e	emerger	ncy?	○ YI	ES		ONG	 )				
Is there are continuous sup	ply of respirable air?					YES NO				Time	of Test 2:	L		
Is the means of access to ar	nd escape from the confir	ned space ac	ceptak	ole?		○ YI	ES				OXY	GEN	L	PASS/F.
Is breathing apparatus at h	and and in good working	order?				○ YI	ES		○ NO		CARE	BON MONOX	DE	PASS/F.
Is the safety line/tripod/har	ness and any other backı	up equipmer	nt to h	and?		○ YI			() NO	 )	CARE	BON DIOXIDE	L	PASS/F
Are adequate emergency a	rrangements in place?					○ YI	ES		() NO	 )	ОТНІ	ER (SPECIFY)		PASS/F
Is a trained and competent	standby person posted a	at the point o	of entry	y?		○ YI	ES		ONG					
		-	EME	RGEN	CY COI	NTACT	'S							
					nected w									
Name:		Position	ո։ 📗							Conta	act:			
		AUTH	IORIS	ATIO	N AND	ACCE	PTAN	NCE						
I confirm that I have verified and the conditions of this a												rry out the wo	ork as d	efined abov
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		HANDBA	CK. F	RECFIF	T AND	CANC	CELI	ATI	ON					
I confirm that the activity h										condit	ion.			
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	<u>SECURITY</u>							EST	ATES	& CA	PITAL	DEVELOP	MENT	7

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.

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.

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	Time:	Date:	

ganisation:    Permit Acceptor:     Idding:   Access Point:		PERMIT  Mobile N	REF:	0038
ilding: Access Point:		Mobile N		
			lumber:	
		2nd Esca	pe Route:	
b Details:				
s a suitable and sufficient risk assessment been undertaken for th	nis task?	YES	NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations w
as a method statement been undertaken for this task?			NO	five or more employees record the significant findings of assessments and
e atmospheric tests required prior to and during entry?			NO	identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance
HAZARDS AND PI	RECAUTIO	NS		works commencing.
e all persons requiring entry into the confined space trained and competent?	YES	_ No	Atm	ospheric Testing Result
s the confined space been isolated from all connected pipework?	○ YES	○ NO	Time	of Test 1:
s the confined space been purged with air/water/steam?	○ YES	○ NO	OXYG	
s the confined space been electrically isolated and locked out?	YES	○ NO	CARB	ON MONOXIDE PASS/F
s the confined space been mechanically isolated and locked off?	○ YES	○ NO	CARB	ON DIOXIDE PASS/F.
he confined space below 30 Degrees Celsius on full cooling?	○ YES	○ NO	OTHE	R (SPECIFY) PASS/F
he entrance and exit large enough to allow access and egress in an emergency?	○ YES	○ NO		
here are continuous supply of respirable air?	○ YES	○ NO	Time	of Test 2:
he means of access to and escape from the confined space acceptable?	○ YES	○ NO	OXYG	
oreathing apparatus at hand and in good working order?	○ YES	○ NO		ON MONOXIDE PASS/F/
he safety line/tripod/harness and any other backup equipment to hand?	○ YES	○ NO		ON DIOXIDE PASS/F/
e adequate emergency arrangements in place?	○ YES	○ NO	OTHE	R (SPECIFY) PASS/F/
trained and competent standby person posted at the point of entry?	○ YES	○ NO		
EMERGENCY C (Person not connected		-l-\		
	a with the wor			
ame: Position:		Cont	act:	
<u>AUTHORISATION AN</u>	ID ACCEPT	<u>ANCE</u>		
onfirm that I have verified the above information and ensured that the necessary $\mathfrak p$ d the conditions of this authorisation form have been explained to all workers invo				y out the work as defined abov
rmit Acceptor: Signature:		Valid From:	Time:	Date:
mpany: Permit Issuer:		Valid To:	Time:	Date:
HANDBACK, RECEIPT AI on firm that the activity has been completed, checked by myself and the area left s			tion.	
rmit Acceptor: Signature:			Time:	Date:
<u>SECURITY</u>		ESTATES & C	APITAL I	DEVELOPMENT

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Aston Univers	ity	CONFINED SPACE (RED ZO		ERMIT	REF:	0039	
Organisation:		Permit Acceptor:		Mobile N	umber:		
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Job Details:		•					
Has a suitable a	nd sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Manageme Safety at Work Regi amended) require t	ulations 1999 (as
	tatement been undertake					five or more employ significant findings	yees record the
	c tests required prior to a		OY		NO	identify those espe- assessments and m must be submitted Development Depa	ethod statements to Estates & Capital
		HAZARDS AND PR	ECAUTIONS			works commencing	
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	sting Result
	pace been isolated from all conr	<u> </u>	YES	○ NO	Time	of Test 1:	
	pace been purged with air/wate		YES	○ NO	OXYG		PASS/F
Has the confined sp	pace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined sp	pace been mechanically isolated	and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined spac	ce below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO		<u>-</u>	
Is there are continue	ous supply of respirable air?		YES	○ NO		of Test 2:	PASS/F
ls the means of acce	ess to and escape from the conf	îned space acceptable?	YES	○ NO	OXYG	L	PASS/F
Is breathing appara	tus at hand and in good workin	g order?	YES	○ NO		ON MONOXIDE	PASS/F.
Is the safety line/trip	ood/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE R (SPECIFY)	PASS/F.
Are adequate emer	gency arrangements in place?		○ YES	○ NO	OTHE	K (SPECIFY)	17133/11
ls a trained and com	npetent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO (Person not connected					
Name		Do sition:		Cant	a atı		
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAN	ICE			
		nand ensured that the necessary pr been explained to all workers invol				y out the work a	s defined abov
Permit Acceptor:		Signature:		Valid From:	Time:	Dat	te:
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acknowledge recei	ipt of this form having been inf	ormed that the person	I am satisfied t	hat the activity h	as been co	mpleted in acco	rdance with th

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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable and	sufficient risk assessm	ent been undertaken for thi	s task?	VES O	NO	NB: The Management of Health Safety at Work Regulations 199 amended) require that organisa	19 (as
	ement been undertake		s task: O		NO NO	five or more employees record significant findings of assessme	the ents and
	sts required prior to a		0,		NO	identify those especially at risk. assessments and method states must be submitted to Estates & Development Department in a	ments Capital
		HAZARDS AND PR	ECAUTION	<u>S</u>		works commencing.	- avance o
Are all persons requiring	g entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testing R	esult
las the confined space	been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space	been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN P	ASS/F
las the confined space	been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE P	ASS/F
as the confined space	been mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE P	ASS/F
the confined space be	elow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	ASS/F
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
there are continuous	supply of respirable air?		○ YES	○ NO	Time	of Test 2:	166/5
the means of access to	o and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		ASS/FA
s breathing apparatus a	at hand and in good workin	ng order?	○ YES	○ NO		ON MONOXIDE	ASS/F/
s the safety line/tripod/	harness and any other bac	kup equipment to hand?	○ YES	○ NO		-	ASS/F
Are adequate emergend	cy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	ASS/F
s a trained and compet	ent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		1			
			with the work,				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	О АССЕРТА	NCE			
		n and ensured that the necessary pr been explained to all workers invo				y out the work as defined	l above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activit	y has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
	SECURITY					DEVELOPMENT	
	f this form having been inf ea secure and in a safe and					mpleted in accordance was fe and tidy condition.	vith th

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Aston University		CONFI	NED		CE E		<u>Y P</u>	PER	MIT	-	REF:	0041		
Organisation:		Permit Ac	ceptor	:					Mol	oile Nu	ımber:			
Building:		Access Po	oint:						2nd	Escap	e Route:			
Job Details:														
Has a suitable and su	ufficient risk assessme	ant heen II	ndert	akon f	or this t	ask?	∩ YI	FS		<u> </u>	IO	NB: The Mana Safety at Worl	Regulati	
	nent been undertake			akciii	01 (1113 (					01		five or more e	mployees	
	ts required prior to a			<u> </u>						01		identify those assessments a	especiall and metho	y at risk. Risk od statements
Are atmospheric tes	.s required prior to ai	na auring e	entry	-			<u> </u>	E3		O I	NO .	<b>I</b>	Departm	states & Capital ent in advance
		<u>H</u> A	AZARI	DS AN	D PREC	AUTI	ONS	<u> </u>					<u>.</u>	
Are all persons requiring e	entry into the confined spa	ace trained a	nd com	petent	?	○ YE	S	(	○ NO		Atn	nospheric	Testi	ng Result
Has the confined space be	een isolated from all conn	ected pipewo	ork?			○ YE	S	(	○ NO	ı	Time	of Test 1:		
Has the confined space be	een purged with air/water	/steam?				○ YE	S	(	○ NO	1	OXYO	GEN		PASS/F.
Has the confined space be	een electrically isolated an	nd locked out	?			○ YE	S	(	○ NO	1	CARE	ON MONOXI	DE	PASS/F
Has the confined space be	een mechanically isolated	and locked o	off?			○ YE	S		○ NO	1	CARE	CARBON DIOXIDE		PASS/F
Is the confined space belo	ow 30 Degrees Celsius on f	full cooling?				○ YE	S	(	O NO	1	OTHE	R (SPECIFY)		PASS/F
Is the entrance and exit la	rge enough to allow acces	ss and egress	in an e	merger	ncy?	○ YE	S	(	O NO	1				
Is there are continuous su	pply of respirable air?					YES NO			1	Time	of Test 2:	L		
Is the means of access to	and escape from the confi	ned space ac	ceptab	le?		○ YE	S	(	O NO	1	OXYO	GEN	L	PASS/F.
Is breathing apparatus at	hand and in good working	g order?				○ YE	S	(	O NO	1	CARE	SON MONOXI	DE	PASS/F.
Is the safety line/tripod/h	arness and any other back	up equipmer	nt to ha	and?		○ YE	S	(	O NO	1	CARE	ON DIOXIDE	L	PASS/F.
Are adequate emergency	arrangements in place?					○ YE	S	(	O NO	1	OTHE	ER (SPECIFY)		PASS/F.
Is a trained and competer	nt standby person posted	at the point o	of entry	?		○ YE	:S		○ NO	1				
			EME	RGEN	CY CON	ITACT	<u>S</u>							
		(P	erson r	not conr	ected wi	th the w	/ork)		7] [					
Name:		Position	ո։							Conta	ct:			
		<u>AUTH</u>	IORIS	ATION	AND /	ACCEP	MAT	NCE						
	ed the above information authorisation form have b											ry out the wo	ork as d	efined abov
Permit Acceptor:		Signature:						Va	lid Fr	om:	Time:		Date:	
Company:		Permit Issue	r:					Va	lid Tc	):	Time:		Date:	
		HANDBA	CK. R	RECEIP	T AND	CANC	ELL	ATIC	N					
I confirm that the activity	has been completed, chec									onditi	on.			
		· 1								$\neg \sqcap$	Г		1	
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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.

Date:

Time:

l 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.

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Aston University		CONFI	NEC		ACE E		Y P	PEF	RMI	Γ	REF:	0042		
Organisation:		Permit Ac	cepto	r:					Mo	bile N	umber:			
Building:		Access Po	oint:						2n	d Escap	oe Route:			
Job Details:		<u>'</u>							-					
Has a suitable and suf	ficient risk assessme	nt heen II	ınder	taken f	for this	task?	$\bigcirc$ Y	'FS		01	NO.	NB: The Mana Safety at Wor	k Regulati	
Has a method statem				- Carcini	01 (1113	task:	$\bigcirc$ Y			10		five or more e	mployees	
							$\bigcirc$ Y			10		identify those assessments	especiall and meth	y at risk. Risk od statements
Are atmospheric tests	required prior to ar	ia during e	entry	:			<u> </u>	E3		() I	NO		Departm	ent in advanc
		HA	AZAR	DS AN	ID PRE	CAUTI	ONS	5				WORKS COMMI	incing.	
Are all persons requiring er	ntry into the confined spa	ice trained ar	nd con	npetent	?	○ YI	ES		○ N	)	Atn	nospheric	Testi	ng Resul
Has the confined space bee	en isolated from all conne	ected pipewo	ork?			○ YI	ES		ON	)	Time	of Test 1:		
Has the confined space bee	en purged with air/water/	steam?				○ YI	ES		ON	)	OXY	GEN		PASS/I
Has the confined space bee	en electrically isolated and	d locked out	:?			○ YI	ES		ON	)	CARE	BON MONOXI	DE	PASS/I
Has the confined space bee	en mechanically isolated	and locked o	off?			○ YI	ES		ON	)	CARE	CARBON DIOXIDE		PASS/I
Is the confined space below	v 30 Degrees Celsius on fo	ull cooling?				○ YI	ES		○ No	)	ОТНІ	ER (SPECIFY)		PASS/I
Is the entrance and exit larg	ge enough to allow acces	s and egress	in an	emerger	ncy?	○ YI	ES		○ No	)				
Is there are continuous sup	ply of respirable air?					○ YES ○ NO				)	Time	of Test 2:	Ļ	
Is the means of access to ar	nd escape from the confir	ned space ac	ceptal	ole?		○ YI	ES		○ No	)	OXY	GEN	Ļ	PASS/I
Is breathing apparatus at h	and and in good working	order?				○ YI	ES		○ No	)	CARE	BON MONOX	DE	PASS/I
Is the safety line/tripod/har	ness and any other back	up equipmer	nt to h	and?		○ YI	ES		○ No	)	CARE	BON DIOXIDE	Ļ	PASS/I
Are adequate emergency a	rrangements in place?					○ YI	ES		○ No	)	ОТН	ER (SPECIFY)		PASS/I
Is a trained and competent	standby person posted a	nt the point o	of entr	y?		○ YI	ES		ON	)				
				RGEN(										
Name:		Position		lot com	lected w	nui uie v				Conta	act:			
		ALITU	IODIC	ATIO	A A NID	A <i>CC</i> EI	T A B	NCE						
I confirm that I have verified and the conditions of this a		and ensured	that t		ssary pre	cautions	have	e bee	n taker			ry out the wo	ork as d	efined abo
Permit Acceptor:		Signature:						V	alid F	rom:	Time:		Date:	
Company:		Permit Issue	er:					V	alid T	0:	Time:		Date:	
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I confirm that the activity h	as been completed, chec									condit	ion.			
	-									$\neg \vdash$	Г		ı	
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	SECURITY							EST	ATES	& CA	PITAL	DEVELOP	MENT	

Date:

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:

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.

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Aston University		CONFINED SPACE (RED ZO		PERMIT	REF:	0043	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:		•					
Has a suitable and	sufficient rick assessm	ent been undertaken for thi	c tack?	YES (	NO	NB: The Management of Safety at Work Regulat amended) require that	ions 1999 (as
	ement been undertake				NO NO	five or more employee significant findings of a	s record the
	ests required prior to a				NO NO	identify those especial assessments and meth must be submitted to	od statements
		HAZARDS AND PR	FCAUTION	NS		Development Departm works commencing.	nent in advance o
	and the state of t				Atm	ospheric Testi	na Result
	been isolated from all conr	pace trained and competent?	○ YES	○ NO			
	been purged with air/wate		() YES	○ NO	OXYG	of Test 1:	PASS/F/
	been electrically isolated a		YES	○ NO	-	ON MONOXIDE	PASS/F/
	been mechanically isolated		YES	○ NO		ON DIOXIDE	PASS/F/
	elow 30 Degrees Celsius on		YES	○ NO		R (SPECIFY)	PASS/F
		ess and egress in an emergency?	YES	○ NO			
there are continuous	supply of respirable air?		YES	○ NO	Time	of Test 2:	
the means of access t	o and escape from the conf	ined space acceptable?	YES	○ NO	OXYG	<u> </u>	PASS/F/
breathing apparatus	at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod	/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
re adequate emergen	cy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compe	tent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		k)			
		· .	with the wor				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPT.	ANCE			
		and ensured that the necessary pr been explained to all workers invol				ry out the work as d	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activi	ty has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
	SECURITY			ESTATES & C	APITAL I	DEVELOPMEN <sup>*</sup>	[
	of this form having been inforced the secure and in a safe and			ed that the activity h the area left secure			

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Aston University		CONFI	NEC		CE E		Y P	PER	MIT	<u> </u>	REF:	0044		
Organisation:		Permit Ac	ccepto	r:					Мо	bile Nu	umber:			
Building:		Access Po	oint:						2nd	d Escap	e Route:			
Job Details:														
Has a suitable and su	fficient risk assessme	ent heen u	ınder	taken f	or this	task?	( YI	FS		()	NΟ	NB: The Mana	k Regulat	
Has a method statem				takerri	01 (1113		$\bigcirc$ YI			10		five or more e	mployee	
				· · · · · · · · · · · · · · · · · · ·			$\bigcirc$ YI			10		identify those assessments	especiall and meth	y at risk. Risk od statements
Are atmospheric test	s required prior to ar	na auring e	entry	•			O II	E3		O I	NO		Departm	states & Capita ent in advance
		<u>H</u>	AZAR	DS AN	D PRE	CAUTI	ONS	<u> </u>				WORKS COMMI	ricing.	
Are all persons requiring e	ntry into the confined spa	ace trained a	nd con	npetent	?	○ YE	ES		○ NC	)	Atn	nospheric	Testi	ng Resul
Has the confined space be	en isolated from all conn	ected pipewo	ork?			○ YE	ES		○ NC	)	Time	of Test 1:		
Has the confined space be	en purged with air/water	/steam?				○ YE	ES		○ NC	)	OXY	GEN		PASS/F
Has the confined space be	en electrically isolated an	ıd locked out	:?			○ YE	ES		○ NC	)	CARE	ON MONOX	DE	PASS/F
Has the confined space be	en mechanically isolated	and locked o	off?			○ YE	ES		○ NC	)	CARE	CARBON DIOXIDE		PASS/F
Is the confined space belo	w 30 Degrees Celsius on f	full cooling?				○ YE	ES		○ NC	)	ОТНІ	ER (SPECIFY)		PASS/F
Is the entrance and exit lar	ge enough to allow acces	ss and egress	in an	emerger	ncy?	○ YE	ES		○ NC	)				
Is there are continuous sup	oply of respirable air?					YES NO			)	Time	of Test 2:	L		
Is the means of access to a	nd escape from the confi	ned space ac	ceptal	ole?		○ YE	ES		○ NC	)	OXY	GEN	L	PASS/F
Is breathing apparatus at h	nand and in good working	g order?				○ YE	ES		○ NC	)	CARE	BON MONOX	DE	PASS/F
Is the safety line/tripod/ha	rness and any other back	up equipmer	nt to h	and?		○ YE	ES		○ NC	)	CARE	ON DIOXIDE	L	PASS/F
Are adequate emergency	arrangements in place?					○ YE	ES		○ NC	)	ОТН	ER (SPECIFY)		PASS/F
Is a trained and competen	t standby person posted	at the point o	of entry	y?		○ YE	ES		○ NC	)				
		(D			CY CON									
Name:		Position		not com	iected w	itii tile v	VOIK)		7 [	Conta	nct:			
I confirm that I have verifice and the conditions of this		and ensured	l that tl	he neces		cautions	have	e beer				ry out the wo	ork as d	efined abov
Permit Acceptor:		Signature:						Va	ılid Fı	om:	Time:		Date:	
Company:		Permit Issue	er:					Va	ılid To	o:	Time:		Date:	
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I confirm that the activity h	nas been completed, chec									condit	ion.			
	. , -									<del>-</del>	Г		ı	
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Date:

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Aston University	<u>(</u>	CONFI	NEC		CE E		Y P	PER	RMI	<u>Γ</u>	REF:	0045		
Organisation:		Permit Ac	cepto	r:					Mo	bile N	umber:			
Building:		Access Po	oint:						2n	d Escap	oe Route:			
Job Details:									,					
Has a suitable and suff	ficient rick assessme	nt heen u	nder	takon f	or this	tack?	( YI	ΈS		10	NO.	NB: The Mana	k Regulat	
Has a method stateme				takerri	01 (1113		$\bigcirc$ YI			10		five or more e	mployee	
							$\bigcirc$ YI			10		identify those assessments	especiall and meth	y at risk. Risk od statements
Are atmospheric tests	required prior to an	a during e	entry	•			O II			UI	NO		Departm	ent in advanc
		HA	AZAR	DS AN	D PRE	CAUTI	ONS	5				WORKS COMMI	ricing.	
Are all persons requiring en	try into the confined space	ce trained ar	nd con	npetent	?	○ YI	ES		○ N	)	Atn	nospheric	Testi	ng Resul
Has the confined space bee	n isolated from all conne	cted pipewo	ork?			○ YI	ES		ON	)	Time	of Test 1:		
Has the confined space bee	n purged with air/water/:	steam?				○ YI	ES		ON	)	OXY	GEN		PASS/I
Has the confined space bee	n electrically isolated and	d locked out	?			○ YI	ES		ON	)	CARE	ON MONOX	IDE .	PASS/I
Has the confined space bee	n mechanically isolated a	and locked o	off?			○ YI	ES		ON	)	CARE	CARBON DIOXIDE		PASS/I
Is the confined space below	130 Degrees Celsius on fu	ull cooling?				○ YI	ES		○ No	)	ОТНІ	ER (SPECIFY)		PASS/I
Is the entrance and exit larg	 je enough to allow access	s and egress	in an	emerger	ncy?	○ YI	ES		○ No	)				
Is there are continuous supp	ply of respirable air?					○ YES ○ NO			)	Time	of Test 2:			
Is the means of access to an	d escape from the confin	ned space acc	ceptal	ole?		○ YI	ES		○ No	)	OXY	GEN		PASS/I
Is breathing apparatus at ha	and and in good working	order?				○ YI	ES		○ No	)	CARE	BON MONOX	DE	PASS/I
Is the safety line/tripod/har	ness and any other backu	ıp equipmer	nt to h	and?		○ YI	ES		○ No	)	CARE	ON DIOXIDE		PASS/I
Are adequate emergency a	rrangements in place?					○ YI	ES		○ No	)	ОТН	ER (SPECIFY)		PASS/I
Is a trained and competent	standby person posted a	t the point o	of entr	y?		○ YI	ES		ON	)				
					CY COI									
Name:		Position		not conf	nected w	in the v	vork)			Conta	act:			
I confirm that I have verified and the conditions of this a		and ensured	that t	he neces		cautions	have	e bee	n taker			ry out the wo	ork as d	efined abo
Permit Acceptor:		Signature:						Vä	alid F	rom:	Time:		Date:	
Company:		Permit Issuei	r:					Vä	alid T	o:	Time:		Date:	
		HANDBA	CK	RECEIP	T AND	CANC	EI I	ΔΤΙ	ON					
I confirm that the activity ha										condit	ion.			
							a su	ui						
Permit Acceptor:			Sig	gnature:							Time:		Date:	
_	SECURITY							EST	ATES	& C.F	PITAL	DEVELOP	MENT	

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:

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Time: Date:

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Aston Univers	sity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0046	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable a	and sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Management of Safety at Work Regulat amended) require that	ions 1999 (as
	statement been undertake		OY		NO NO	five or more employee significant findings of a	s record the assessments and
	ic tests required prior to a		0)		NO	assessments and meth must be submitted to l Development Departn	od statements Estates & Capital
		HAZARDS AND PR	ECAUTION:	<u>S</u>		works commencing.	
Are all persons requ	uiring entry into the confined sp	ace trained and competent?	YES	○ NO	Atm	ospheric Testi	ng Result
Has the confined sp	pace been isolated from all conr	ected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	r/steam?	YES	ONO	OXYG	EN	PASS/F
Has the confined sp	pace been electrically isolated a	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined sp	pace been mechanically isolated	and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F
s the confined spa	ce below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
s the entrance and	d exit large enough to allow acce	ss and egress in an emergency?	○ YES	○ NO			
s there are continu	uous supply of respirable air?		○ YES	○ NO		of Test 2:	DACC/E
s the means of acc	ess to and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG	<u> </u>	PASS/F/
s breathing appara	atus at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F
s the safety line/tri	ipod/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emer	rgency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	PA55/F/
ls a trained and cor	mpetent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
NI		D. drives					
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as d	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the a	activity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
	<u>SECURITY</u>			ESTATES & CA	APITAL I	DEVELOPMENT	<u> </u>
acknowledge rece	eipt of this form having been inf	ormed that the person tidy condition.	I am satisfied	that the activity h	as been co	mpleted in accord	ance with th

Date:

Тор Сор	y: Permit Issuer,	Middle Copy: Se	ecurity, B	ottom C	opy:Perm	it Accep	tor	
Aston University	CONI	FINED SPAC (RED 2		RY PEF	<u>RMIT</u>	REF:	0047	
Organisation:	Permit	Acceptor:			Mobile N	umber:		
Building:	Access	s Point:			2nd Esca	pe Route:		
Job Details:								
Has a suitable and sufficient risk	assessment beer	n undertaken for t	this task?	○ YES		NO	NB: The Managem Safety at Work Reg amended) require	
Has a method statement been u				○ YES	0		five or more employed significant finding	oyees record the s of assessments and
Are atmospheric tests required p				○ YES	0		must be submitte	ecially at risk. Risk nethod statements d to Estates & Capital partment in advance of
		HAZARDS AND F	PRECAUT	<u>IONS</u>			works commencin	
Are all persons requiring entry into the c	onfined space traine	d and competent?	O Y	ES	○ NO	Atm	ospheric Te	sting Results
Has the confined space been isolated fro	m all connected pipe	ework?	O Y	ES	○ NO	Time	of Test 1:	
Has the confined space been purged wit	n air/water/steam?		OY	ES	○ NO	OXYG	EN	PASS/FAI
Has the confined space been electrically	solated and locked	out?	OY.	ES	○ NO	CARBO	ON MONOXIDE	PASS/FA
Has the confined space been mechanica	ly isolated and locke	ed off?	OY	ES	○ NO		ON DIOXIDE	PASS/FA
Is the confined space below 30 Degrees	Celsius on full cooling	g?	OY	ES	○ NO	OTHE	R (SPECIFY)	PASS/FA
Is the entrance and exit large enough to	allow access and egr	ess in an emergency?	О	ES	○ NO			
Is there are continuous supply of respiral	ole air?		О	ES	○ NO	Time	of Test 2:	
Is the means of access to and escape fror	n the confined space	e acceptable?	OY	ES	○ NO	OXYG	EN	PASS/FA
Is breathing apparatus at hand and in go	od working order?		O Y	ES	○ NO	CARBO	ON MONOXIDE	PASS/FAI
Is the safety line/tripod/harness and any	other backup equip	ment to hand?	OY		○ NO	CARBO	ON DIOXIDE	PASS/FA
Are adequate emergency arrangements	n place?		OY		○ NO	OTHE	R (SPECIFY)	PASS/FAI
ls a trained and competent standby pers		nt of entry?	O Y		○ NO			
		<b>EMERGENCY</b>						
,, [		(Person not connecte	ed with the	work)				
Name:	Posit	ion:			Cont	act:		
I confirm that I have verified the above ir and the conditions of this authorisation f	formation and ensu	•	precaution	s have bee	n taken. It is s		y out the work	as defined above
Permit Acceptor:	Signature	e:		V	alid From:	Time:	Da	nte:
Company:	Permit Is:	suer:		V	alid To:	Time:	Da	nte:
	HAND	BACK, RECEIPT A	ND CAN	CELLATI	ON			
I confirm that the activity has been comp						tion.		
Permit Acceptor:		Signature:				Time:	Da	nte:
SECURI	TV			ГСТ	ATEC O. C.	A DITAL F	DEVELOPME	I

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.

Date:

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:

	Top Copy: Perm	nit Issuer, <b>Middle Copy :</b> Sec	urity, <mark>Botto</mark>	m Copy : Perm	it Accep	tor	
Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0048	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Hac a cuitable and c	rufficient rick accessm	ent been undertaken for thi	s task?	/ES O	NO	NB: The Management of H Safety at Work Regulation amended) require that orc	1999 (as
	ment been undertake		s task:		NO NO	five or more employees re significant findings of asse	cord the
	sts required prior to a		0,		NO NO	identify those especially a assessments and method must be submitted to Esta	statements
•		HAZARDS AND PR	ECALITION	C		Development Department works commencing.	in advance o
					Δtm	ospheric Testing	ı Rocult
		pace trained and competent?	YES	○ NO			,
	been isolated from all conr been purged with air/wate		() YES	○ NO		of Test 1:	PASS/FA
			() YES	○ NO	OXYG		PASS/F/
as the confined space been electrically isolated and locked out?  as the confined space been mechanically isolated and locked off?				○ NO		ON MONOXIDE ON DIOXIDE	] PASS/F/
s the confined space below 30 Degrees Celsius on full cooling?				ONO		R (SPECIFY)	PASS/F
		ess and egress in an emergency?	YES	○ NO			J
s there are continuous s	supply of respirable air?		YES	○ NO	Time	of Test 2:	_
the means of access to	and escape from the conf	fined space acceptable?	YES	○ NO	OXYG	EN	PASS/F/
s breathing apparatus a	t hand and in good workin	ng order?	YES	○ NO	CARBO	DN MONOXIDE	PASS/F/
s the safety line/tripod/	harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
re adequate emergenc	y arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compete	ent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO	ONTACTS				
		(Person not connected	with the work	)			
Name:		Position:		Cont	act:		
		AUTHORISATION AND	) Δ <i>СС</i> ЕРТА	NCF			
		n and ensured that the necessary probeen explained to all workers invo	recautions hav	e been taken. It is :		y out the work as defi	ned above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activit	y has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
	SECURITY					DEVELOPMENT	
	f this form having been inf ea secure and in a safe and					mpleted in accordance fe and tidy condition.	

Date:

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Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0049	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable and s	ufficient risk assessm	ent been undertaken for thi	s task?	/FS O	NO	NB: The Management of Safety at Work Regulati amended) require that	ons 1999 (as
	ment been undertake		3 task: O		NO NO	five or more employees significant findings of a	record the ssessments and
	sts required prior to a		0)		NO	assessments and methor must be submitted to E  Development Departm	od statements states & Capital
		HAZARDS AND PR	ECAUTION	<u>S</u>		works commencing.	ent in davance o
are all persons requiring	entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testi	ng Result
Has the confined space k	peen isolated from all conn	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space k	peen purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F
las the confined space b	peen electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
as the confined space been mechanically isolated and locked off?				○ NO	CARBO	ON DIOXIDE	PASS/F
s the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit I	arge enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuous s	upply of respirable air?		YES	○ NO	Time	of Test 2:	¬
the means of access to	and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
breathing apparatus a	t hand and in good workin	ng order?	YES	○ NO		ON MONOXIDE	PASS/F/
the safety line/tripod/h	narness and any other bacl	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
re adequate emergency	y arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compete	nt standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
			with the work,				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	О АССЕРТА	NCE			
		n and ensured that the necessary probeen explained to all workers invo				y out the work as d	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activity	/ has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
	<u>SECURITY</u>					DEVELOPMENT	
	this form having been info a secure and in a safe and					mpleted in accordate	

Date:

	Top Copy: Perm	it Issuer, Middle Copy: Sec	urity, <mark>Botto</mark>	om Copy: Perm	it Accep	tor	
Aston University		CONFINED SPACE (RED ZO		PERMIT	REF:	0050	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable and s	ufficient rick assessm	ent been undertaken for th	is task?	VES	NO	NB: The Management Safety at Work Regula amended) require tha	tions 1999 (as
	ment been undertake			YES O		five or more employed significant findings of	es record the
	sts required prior to a				NO	assessments and metl must be submitted to Development Departr	nod statements Estates & Capital
		HAZARDS AND PR	ECAUTION	<u>s</u>		works commencing.	nene in advance e
Are all persons requiring	entry into the confined sp	ace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result
Has the confined space k	peen isolated from all conn	ected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space b	peen purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined space b	peen electrically isolated ar	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined space been mechanically isolated and locked off?				○ NO	CARBO	ON DIOXIDE	PASS/F
s the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F
s the entrance and exit I	arge enough to allow acce	ss and egress in an emergency?	○ YES	○ NO			<b>'</b>
there are continuous s	upply of respirable air?		○ YES	○ NO		of Test 2:	DASS (F.
s the means of access to	and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatus a	t hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod/h	narness and any other back	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emergenc	y arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/F/
s a trained and compete	ent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		)			
[					. [		
Name:		Position:		Cont	act:		
		AUTHORISATION AN	D ACCEPTA	NCE			
		and ensured that the necessary p been explained to all workers invo				y out the work as o	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activity	y has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date	
	<u>SECURITY</u>			ESTATES & C			
	f this form having been info ea secure and in a safe and			d that the activity h he area left secure			

Date:

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Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0051	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable and	sufficient rick assessm	ent been undertaken for thi	s task?	YES O	NO	NB: The Management Safety at Work Regula amended) require tha	tions 1999 (as
	ement been undertake				NO NO	five or more employed significant findings of	es record the assessments and
	ests required prior to a				NO	identify those especia assessments and metl must be submitted to Development Departr	nod statements Estates & Capital
		HAZARDS AND PR	ECAUTION	<u>IS</u>		works commencing.	nene in davance c
Are all persons requirin	g entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result
las the confined space	been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space	been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined space	been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined space been mechanically isolated and locked off?				○ NO	CARBO	ON DIOXIDE	PASS/F
s the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
there are continuous	supply of respirable air?		○ YES	○ NO	Time	of Test 2:	
the means of access t	o and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG		PASS/FA
s breathing apparatus	at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod	/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emergen	cy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compe	tent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		d)			
		·	with the worl				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as o	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activi	ty has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date	
	SECURITY			ESTATES & C	APITAL I	DEVELOPMEN	T
	of this form having been inf ea secure and in a safe and			d that the activity h the area left secure			

Date:

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Aston University		CONFI	NEC		CE E		Y P	PER	RMI <sup>-</sup>	Γ	REF:	0052		
Organisation:		Permit Ac	ccepto	r:					Mo	bile N	umber:			
Building:		Access Po	oint:						2n	d Escap	oe Route:			
Job Details:														
Has a suitable and su	fficient risk assessme	ant heen II	ındar	takon f	or this	task?	( YI	ΈS		10	NO.	NB: The Mana	k Regulati	
				takerri	01 (1113		$\bigcirc$ YI			10		five or more e	mployees	
Has a method statement been undertaken for this task?  Are atmospheric tests required prior to and during entry?						$\bigcirc$ YI			10		identify those assessments a	especiall and meth	y at risk. Risk od statements	
							O II	E3		() I	NO		Departm	states & Capital ent in advance
		<u>H</u>	AZAR	DS AN	D PRE	CAUTI	ONS	5				Works comme	incing.	
Are all persons requiring e	ntry into the confined spa	ace trained a	nd con	npetent	?	○ YI	ES		ON	)	Atn	nospheric	Testi	ng Result
Has the confined space be	en isolated from all conn	ected pipewo	ork?			○ YI	ES		ON	)	Time	of Test 1:		
Has the confined space be	as the confined space been purged with air/water/steam?				○ YI	ES			)	OXY	GEN		PASS/FA	
Has the confined space be	en electrically isolated an	ıd locked out	:?			○ YI	ES		ON	)	CARE	ON MONOXI	DE	PASS/F
Has the confined space be	en mechanically isolated	and locked o	off?			○ YI	ES		ON	)	CARE	SON DIOXIDE	F	PASS/F
Is the confined space belo	w 30 Degrees Celsius on f	full cooling?				○ YI	ES		ON	)	ОТНІ	ER (SPECIFY)		PASS/F
Is the entrance and exit lar	ge enough to allow acces	ss and egress	in an e	emerger	ncy?	○ YI	ES		ON	)				
Is there are continuous sup	oply of respirable air?					○ YI	ES		ON	)	Time	of Test 2:	Ļ	
Is the means of access to a	nd escape from the confi	ned space ac	ceptak	ole?		○ YI	ES		ON	)	OXY	GEN	Ļ	PASS/F/
Is breathing apparatus at h	nand and in good working	g order?				○ YI	ES		ON	)	CARE	BON MONOXI	DE	PASS/F#
Is the safety line/tripod/ha	rness and any other back	up equipmer	nt to h	and?		○ YI	ES		ON	)	CARE	BON DIOXIDE	Ļ	PASS/F#
Are adequate emergency	arrangements in place?					○ YI	ES		ON	)	ОТН	ER (SPECIFY)		PASS/F/
Is a trained and competen	t standby person posted	at the point o	of entry	y?		○ YI	ES		ON	)				
			EME	RGEN	CY COI	NTACT	<u>'S</u>							
				not conr	nected w	ith the v	vork)		<del></del>					
Name:		Position	ո։						╝╙	Conta	act:			
		AUTH	IORIS	OITA	N AND	ACCE	PTAN	NCE						
I confirm that I have verifie and the conditions of this												ry out the wo	ork as d	efined above
Permit Acceptor:		Signature:						Vā	alid F	rom:	Time:		Date:	
Company:		Permit Issue	er:					Vā	alid T	0:	Time:		Date:	
		HANDBA	ACK, F	RECEIP	T AND	CANC	ELL	ATI	ON					
I confirm that the activity I	nas been completed, chec									condit	ion.			
	-									$\neg \vdash$		1		
Permit Acceptor:			Sig	gnature:							Time:		Date:	
<u>SECURITY</u>								EST	ATES	& CA	PITAL	DEVELOP	MENT	

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.

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: Date:

	Top Copy: Perm	nit Issuer, Middle Copy: Sec	urity, <mark>Botto</mark>	m Copy : Perm	it Accep	tor	
Aston Universit	ту	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0053	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				•			
Has a suitable an	d sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Managemen Safety at Work Regul amended) require th	ations 1999 (as
	atement been undertake		О		NO NO	five or more employersignificant findings of	ees record the f assessments and
	tests required prior to a		O Y		NO	assessments and me must be submitted t Development Depar	thod statements o Estates & Capital
		HAZARDS AND PR	ECAUTIONS	<u>i</u>		works commencing.	
Are all persons requir	ring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
Has the confined spa	ce been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined spa	ce been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN	PASS/F
Has the confined spa	ce been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined spa	YES	○ NO	CARBO	ON DIOXIDE	PASS/F		
s the confined space	below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
s the entrance and e	xit large enough to allow acce	ess and egress in an emergency?	YES	○ NO		<b>4.</b>	
s there are continuo	us supply of respirable air?		○ YES	○ NO		of Test 2:	PASS/F
s the means of acces	s to and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatu	us at hand and in good workin	ng order?	○ YES	○ NO			PASS/F/
s the safety line/tripo	od/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emerge	ency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	[ FA33/17
s a trained and comp	petent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
Name		Dacition		Cont	a ct		
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA!	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	2:
Company:		Permit Issuer:		Valid To:	Time:	Date	2:
confirm that the act	ivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date	2:
	SECURITY			ESTATES & C	APITAL I	DEVELOPMEN	<u>IT</u>
	ot of this form having been inf area secure and in a safe and			that the activity h			

Date:

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Aston Universit	у	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0054	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable and	d sufficient risk assessm	ent been undertaken for thi	s task?	/FS O	NO	NB: The Management of Safety at Work Regulation amended) require that or	ns 1999 (as
	tement been undertak		S task: O			five or more employees r significant findings of ass	ecord the essments and
	tests required prior to a		OY		NO NO	identify those especially assessments and method must be submitted to Est Development Department	l statements ates & Capital
		HAZARDS AND PR	ECAUTION:	<u>S</u>		works commencing.	
re all persons requiri	ing entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testin	g Result
las the confined spac	ce been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined spac	ce been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined spac	ce been electrically isolated a	nd locked out?	YES	ONO	CARBO	ON MONOXIDE	PASS/F/
as the confined spac	YES	○ NO	CARBO	ON DIOXIDE	PASS/F		
s the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F/
the entrance and ex	kit large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
there are continuou	us supply of respirable air?		○ YES	○ NO		of Test 2:	
s the means of access	s to and escape from the cont	fined space acceptable?	○ YES	○ NO	OXYG		PASS/FA
s breathing apparatu	s at hand and in good workir	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripo	d/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emerge	ency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FF
s a trained and comp	etent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		1			
					. [		
Name:		Position:		Cont	act:		
		<u>AUTHORISATION AND</u>	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as de	fined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the acti	vity has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date:	
	<u>SECURITY</u>					DEVELOPMENT	
	t of this form having been inf area secure and in a safe and					mpleted in accordar fe and tidy conditior	

Date:

	Top Copy: Perm	nit Issuer, Middle Copy: Sec	urity, <b>Botto</b>	om Copy : Perm	it Accep	tor	
Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0055	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable and	sufficient risk assessm	ent been undertaken for thi	s task?	YES O	NO	NB: The Management o Safety at Work Regulati amended) require that	ons 1999 (as
	ement been undertake				NO NO	five or more employees significant findings of a	record the ssessments and
	ests required prior to a				NO	assessments and methor must be submitted to E Development Departm	od statements states & Capital
		HAZARDS AND PR	ECAUTION	<u>IS</u>		works commencing.	
re all persons requirin	g entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testii	ng Result
	been isolated from all conr	nected pipework?	○ YES	○ NO	Time	of Test 1:	
las the confined space	been purged with air/wate	r/steam?	○ YES	○ NO	OXYG	EN	PASS/F/
las the confined space	been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined space been mechanically isolated and locked off?				○ NO	CARBO	ON DIOXIDE	PASS/F/
s the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F/
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO		-	
there are continuous	supply of respirable air?		○ YES	○ NO		of Test 2:	DACC/F
the means of access t	o and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatus	at hand and in good workin	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod	/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emergen	cy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and compe	tent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		)			
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPT A	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as d	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activi	ty has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
	SECURITY			ESTATES & C	APITAL I	DEVELOPMENT	
	of this form having been inforced reasecure and in a safe and					mpleted in accorda	

Date:

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Aston Univers	iity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0056	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable a	and sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Managemen Safety at Work Regul amended) require th	ations 1999 (as
	tatement been undertak		s task:		NO NO	five or more employed significant findings of	ees record the
	ic tests required prior to a		0)		NO	identify those especi assessments and me must be submitted to Development Depart	thod statements o Estates & Capital
		HAZARDS AND PR	ECAUTION	<u>s</u>		works commencing.	
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ting Result
Has the confined sp	pace been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN	PASS/F/
Has the confined sp	pace been electrically isolated a	nd locked out?	YES	ONO	CARBO	ON MONOXIDE	PASS/F
Has the confined sp	YES	○ NO	CARBO	ON DIOXIDE	PASS/F		
Is the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F.
Is the entrance and	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
Is there are continu	ous supply of respirable air?		YES	○ NO		of Test 2:	DACC/E
Is the means of acco	ess to and escape from the conf	fined space acceptable?	YES	○ NO	OXYG		PASS/F/
s breathing appara	atus at hand and in good workir	ng order?	YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tri	pod/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emer	gency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/F/
Is a trained and con	mpetent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
[							
Name:		Position:		Cont	act:		
		<u>AUTHORISATION AND</u>	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	2:
Company:		Permit Issuer:		Valid To:	Time:	Date	2:
I confirm that the a	ctivity has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date	2:
	SECURITY			ESTATES & CA	APITAL [	DEVELOPMEN	IT
	eipt of this form having been inf ne area secure and in a safe and			that the activity h			

Date:

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Aston University		CONFI	NEC		CE E		Y P	PER	RMI	Γ	REF:	0057		
Organisation:		Permit Ac	ccepto	r:					Mo	bile N	umber:			
Building:		Access Po	oint:						2n	d Escap	oe Route:			
Job Details:									,					
Has a suitable and su	efficient rick assessm	ent heen u	ınder	takon f	or this	tack?	$\bigcirc$ Y	'FS		10	NO.	NB: The Mana Safety at Worl	k Regulati	
				takerri	OI tills		$\bigcirc$ Y			10		five or more e	mployees	
Has a method statement been undertaken for this task?  Are atmospheric tests required prior to and during entry?							$\bigcirc$ Y			10		identify those assessments a	especiall and meth	y at risk. Risk od statements
							<u> </u>			() I	NO		Departm	states & Capital ent in advance of
		HA	AZAR	DS AN	D PRE	CAUTI	ONS	5				WORKS COMMIC	incing.	
Are all persons requiring e	entry into the confined sp	ace trained a	nd con	npetent	?	○ YI	ES		○ N	)	Atn	nospheric	Testi	ng Result
Has the confined space be	en isolated from all conn	ected pipewo	ork?			○ YI	ES		ON	)	Time	of Test 1:		
Has the confined space be	as the confined space been purged with air/water/steam?				○ YI	ES		ON	)	OXY	GEN		PASS/FA	
Has the confined space be	en electrically isolated ar	nd locked out	:?			○ YI	ES		ON	)	CARE	ON MONOXI	DE	PASS/F
Has the confined space be	en mechanically isolated	and locked o	off?			○ YI	ES		ON	)	CARE	ON DIOXIDE	F	PASS/F
Is the confined space belo	w 30 Degrees Celsius on	full cooling?				○ YI	ES		○ No	)	OTHE	ER (SPECIFY)		PASS/F
Is the entrance and exit la	rge enough to allow acce	ss and egress	in an	emerger	ncy?	○ YI	ES		○ No	)				
Is there are continuous su	pply of respirable air?					○ YI	ES		○ No	)	Time	of Test 2:	Ļ	
Is the means of access to a	and escape from the confi	ined space ac	ceptal	ole?		○ YI	ES		○ No	)	OXY	GEN	Ļ	PASS/F/
Is breathing apparatus at	hand and in good workin	g order?				○ YI	ES		○ No	)	CARE	BON MONOXI	DE	PASS/FA
Is the safety line/tripod/ha	arness and any other back	cup equipme	nt to h	and?		○ YI	ES		○ No	)	CARE	BON DIOXIDE	Ļ	PASS/FA
Are adequate emergency	arrangements in place?					○ YI	ES		○ N	)	OTHE	ER (SPECIFY)		PASS/F
Is a trained and competer	it standby person posted	at the point o	of entr	y?		○ YI	ES		○ N	)				
			EME	RGEN	CY COI	NTACT	<u>'S</u>							
	1	<u>`</u>		not conr	nected w	ith the v	vork)		<u> </u>					
Name:		Position	ո։							Conta	act:			
		AUTH	IORIS	OITA	N AND	ACCE	PTAN	NCE						
I confirm that I have verificand the conditions of this												ry out the wo	ork as d	efined above
Permit Acceptor:		Signature:						Vá	alid F	rom:	Time:		Date:	
Company:		Permit Issue	er:					Va	alid T	0:	Time:		Date:	
		HANDBA	ACK, I	RECEIF	T AND	CANC	CELL	ATI	ON				· · · · ·	
I confirm that the activity	has been completed, che									condit	ion.			
										$\neg \vdash$	Г	1	ı	
Permit Acceptor:			Sig	gnature:							Time:		Date:	
	SECURITY							EST	ATES	& CF	PITAL	<b>DEVELOP</b>	MENT	•

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.

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: Date:

	Top Copy: Perm	nit Issuer, Middle Copy: Sec	urity, <mark>Botto</mark>	m Copy: Perm	it Accep	tor	
Aston University	,	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0058	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
las a suitable and	l sufficient risk assessm	ent been undertaken for thi	s task?	VES (	NO	NB: The Management Safety at Work Regula amended) require tha	ations 1999 (as
	ement been undertake			YES O		five or more employe significant findings of	es record the f assessments and
	ests required prior to a				NO	assessments and met must be submitted to Development Depart	:hod statements Estates & Capital
		HAZARDS AND PR	ECAUTION	<u>S</u>		works commencing.	
Are all persons requiri	ng entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result
las the confined spac	e been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined spac	e been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined spac	e been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined space been mechanically isolated and locked off?				○ NO	CARBO	ON DIOXIDE	PASS/F/
s the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and ex	it large enough to allow acce	ess and egress in an emergency?	YES	○ NO		_	
there are continuou	s supply of respirable air?		YES	○ NO	Time	of Test 2:	
s the means of access	to and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG	<u> </u>	PASS/FA
s breathing apparatus	at hand and in good workin	ng order?	YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod	d/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE _	PASS/F/
Are adequate emerge	ncy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compe	etent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		)			
Name of Equation 1		Da siti a m		Carat			
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	:
Company:		Permit Issuer:		Valid To:	Time:	Date	:
confirm that the activ	rity has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date	:
	SECURITY			ESTATES & CA	APITAL [	DEVELOPMEN	<u>IT</u>
	of this form having been inf irea secure and in a safe and			that the activity h		mpleted in accord	

Date:

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Aston Universit	у	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0059	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable an	d sufficient risk assessm	ent been undertaken for thi	s task?	/FS O	NO	NB: The Managemen Safety at Work Regula amended) require the	ations 1999 (as
	itement been undertake		S task: O			five or more employe significant findings o	es record the fassessments and
	tests required prior to a		O Y		NO	assessments and met must be submitted to Development Depart	hod statements Estates & Capital
		HAZARDS AND PR	ECAUTION:	<u>s</u>		works commencing.	
Are all persons requir	ing entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result
las the confined spa	ce been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined spa	ce been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/FA
las the confined spa	ce been electrically isolated a	nd locked out?	YES	ONO	CARBO	ON MONOXIDE	PASS/F/
as the confined spa	YES	○ NO	CARBO	ON DIOXIDE	PASS/F/		
s the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F/
the entrance and ex	xit large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuou	us supply of respirable air?		○ YES	○ NO		of Test 2:	DACC/F/
s the means of acces	s to and escape from the conf	ined space acceptable?	YES	○ NO	OXYG		PASS/F/
s breathing apparatu	ıs at hand and in good workin	g order?	YES	○ NO		ON MONOXIDE	PASS/FA
s the safety line/tripo	od/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emerge	ency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and comp	etent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		ı			
		]					
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	:
Company:		Permit Issuer:		Valid To:	Time:	Date	:
confirm that the acti	ivity has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date	:
	SECURITY			ESTATES & CA	APITAL I	DEVELOPMEN	<u>IT</u>
	t of this form having been infarea secure and in a safe and			that the activity h		empleted in accord	

Date:

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Aston University		CONFINED SPACE (RED ZO		PERMIT	REF:	0060	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:		•		·			
las a suitable and	sufficient risk assessm	ent been undertaken for thi	s task?	YES O	NO	NB: The Management of Safety at Work Regulat amended) require that	ions 1999 (as
	ement been undertake				NO NO	five or more employee significant findings of a	s record the assessments and
	ests required prior to a				NO NO	identify those especial assessments and meth must be submitted to l Development Departn	od statements Estates & Capital
		HAZARDS AND PR	ECAUTION	<u>IS</u>		works commencing.	ient in duvance c
Are all persons requirin	g entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testi	ng Result
las the confined space	been isolated from all conr	nected pipework?	YES	ONO	Time	of Test 1:	
las the confined space	been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined space	been electrically isolated a	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined space	been mechanically isolated	l and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space b	elow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
there are continuous	supply of respirable air?		○ YES	○ NO	Time	of Test 2:	
the means of access t	o and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG	<u> </u>	PASS/FA
s breathing apparatus	at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/FA
s the safety line/tripod	/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emergen	cy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
s a trained and compe	tent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		<b>(</b> )			
		· .	with the worl				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	ANCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as d	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activi	ty has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date:	
	SECURITY			ESTATES & C	APITAL [	DEVELOPMEN	[
	of this form having been inforces			d that the activity h		mpleted in accordate	

Date:

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Aston Universit	ty	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0061	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable an	nd sufficient risk assessm	ent been undertaken for thi	s task?	VES (	NO	NB: The Management Safety at Work Regula amended) require tha	tions 1999 (as
	atement been undertak				NO NO	five or more employed significant findings of	es record the
	tests required prior to a				NO	identify those especia assessments and metl must be submitted to	nod statements Estates & Capital
		HAZARDS AND PR	ECAUTION	S		□ Development Departr works commencing.	nent in advance o
Are all persons requi	ring entry into the confined sp	pace trained and competent?	YES		Atm	ospheric Test	ing Result
	ace been isolated from all con	<u> </u>	YES	○ NO	Time	of Test 1:	
	ace been purged with air/wate		YES	○ NO	OXYG		PASS/F/
Has the confined spa	ace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined spa	ace been mechanically isolated	d and locked off?	○ YES	○ NO		ON DIOXIDE	PASS/F.
Is the confined space	e below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F.
Is the entrance and e	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO		_	
Is there are continuo	us supply of respirable air?		○ YES	○ NO	Time	of Test 2:	
Is the means of acces	ss to and escape from the conf	fined space acceptable?	YES	○ NO	OXYG		PASS/F
Is breathing apparate	us at hand and in good workir	ng order?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
Is the safety line/trip	od/harness and any other bac	kup equipment to hand?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F/
Are adequate emerg	ency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
Is a trained and comp	petent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
		(Person not connected	with the work	)			
Name:		Position:		Cont	act:		
		AUTHORISATION AND	) ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invo				y out the work as o	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	
Company:		Permit Issuer:		Valid To:	Time:	Date	
l confirm that the act	tivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date	
	<u>SECURITY</u>			ESTATES & C	APITAL I	DEVELOPMEN	T
	ot of this form having been inf area secure and in a safe and			I that the activity h		empleted in accord	

Date:

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Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0062	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
	sufficient risk assessm	ent been undertaken for thi	s task?	YES (	NO	NB: The Management of Safety at Work Regulati amended) require that	ons 1999 (as
	ment been undertake				NO NO	five or more employees significant findings of a	s record the ssessments and
	sts required prior to a				NO	identify those especiall assessments and methor must be submitted to E Development Departm	od statements states & Capital
		HAZARDS AND PR	ECAUTION	<u>IS</u>		works commencing.	ent in durance t
re all persons requiring	entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testi	ng Result
	been isolated from all conr	<u> </u>	○ YES	○ NO	Time	of Test 1:	
	been purged with air/wate		YES	○ NO	OXYG		PASS/F.
las the confined space	been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
as the confined space	been mechanically isolated	d and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F.
the confined space be	low 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
there are continuous	supply of respirable air?		○ YES	○ NO	Time	of Test 2:	
the means of access to	and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
breathing apparatus a	t hand and in good workin	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
the safety line/tripod/	harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
re adequate emergenc	y arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
s a trained and compete	ent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		·)			
			with the work				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	O ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invo				y out the work as d	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activit	y has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
	<u>SECURITY</u>			ESTATES & C	APITAL [	DEVELOPMENT	
	f this form having been inf ea secure and in a safe and			d that the activity h he area left secure		mpleted in accorda	

Date:

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Aston University	,	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0063	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
las a suitable and	sufficient rick assessm	ent been undertaken for thi	s task?	VES O	NO	NB: The Managemen Safety at Work Regul amended) require th	ations 1999 (as
	ement been undertak				NO NO	five or more employed significant findings of	ees record the f assessments and
	ests required prior to a		0,		NO NO	identify those especi assessments and me must be submitted to Development Depar	thod statements c Estates & Capital
		HAZARDS AND PR	ECAUTION	<u>S</u>		works commencing.	circ in du fance (
re all persons requiri	ng entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
las the confined space	e been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined spac	e been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined space	e been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined space	e been mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F/
the confined space b	pelow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
the entrance and ex	it large enough to allow acce	ess and egress in an emergency?	YES	○ NO		_	<b>'</b>
there are continuou	s supply of respirable air?		YES	○ NO	Time	of Test 2:	
the means of access	to and escape from the con	fined space acceptable?	◯ YES	○ NO	OXYG	_	PASS/FA
s breathing apparatus	at hand and in good workir	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
the safety line/tripod	d/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emerge	ncy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA55/FA
s a trained and compe	etent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		)			
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	2:
Company:		Permit Issuer:		Valid To:	Time:	Date	2:
confirm that the activ	rity has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date	2:
	SECURITY			ESTATES & C	APITAL [	DEVELOPMEN	<u>IT</u>
	of this form having been inf irea secure and in a safe and			that the activity h		mpleted in according and tidy conditions	

Date:

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Aston University	y	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0064	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
	d sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Management Safety at Work Regula amended) require tha	tions 1999 (as
	tement been undertak		s task:			five or more employed significant findings of	es record the assessments and
	tests required prior to a		07			assessments and metl must be submitted to Development Departr	nod statements Estates & Capital
		HAZARDS AND PR	ECAUTION:	<u>S</u>		works commencing.	Tent in davance
are all persons requiri	ng entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result
las the confined spac	e been isolated from all conr	nected pipework?	YES	ONO	Time	of Test 1:	
las the confined spac	e been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN	PASS/F/
as the confined spac	e been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
as the confined spac	e been mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space I	below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and ex	it large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuou	s supply of respirable air?		YES	ONO	Time	of Test 2:	
s the means of access	to and escape from the con	fined space acceptable?	YES	○ NO	OXYG		PASS/FA
s breathing apparatus	s at hand and in good workir	ng order?	YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripo	d/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emerge	ncy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and comp	etent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
[							
Name:		Position:		Cont	act:		
		<u>AUTHORISATION AND</u>	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as o	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activ	vity has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date:	
	<u>SECURITY</u>			ESTATES & CA			
	of this form having been inf area secure and in a safe and			that the activity he area left secure			

Date:

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Aston University	<u>C</u> (	ONFIN			CE E		<u>Y P</u>	PER	МІТ	-	REF:	0065		
Organisation:		Permit Acc	ceptor:						Мо	bile Nu	ımber:			
Building:		Access Poi	nt:						2nc	l Escap	e Route:			
Job Details:														
Has a suitable and suff	icient risk assessment	t heen ur	nderta	ken f	or this t	task?	( YI	FS		()	NO.	NB: The Mana Safety at Worl amended) rec	k Regulati	ons 1999 (as
Has a method stateme				KCIIII	51 (1113 )					(10		five or more e	mployees	record the
Are atmospheric tests										10		identify those assessments a	especiall and meth	y at risk. Risk od statement:
Are aumospheric tests	required prior to and	during e	entry:				O H	E3		O I	NO	must be subm Development works comme	Departm	
		HA	ZARD	S AN	D PREC	CAUTI	ONS	<u> </u>				WORKS COMMIC	incing.	
Are all persons requiring ent	try into the confined space	trained an	d comp	etent?		○ YE	ES		○ NC	)	Atn	nospheric	Testi	ng Resu
Has the confined space been	n isolated from all connect	ed pipewor	rk?			○ YE	ES .		○ NC	)	Time	of Test 1:		
Has the confined space been	n purged with air/water/ste	eam?				○ YE	ES		○ NC	)	OXYO	GEN	F	PASS/
Has the confined space been	n electrically isolated and lo	ocked out?	1			○ YE	ES		○ NC	)	CARE	ON MONOXI	DE	PASS/
Has the confined space been	n mechanically isolated and	d locked of	f?			○ YE	ES		○ NC	)	CARE	ON DIOXIDE	F	PASS/
Is the confined space below	30 Degrees Celsius on full	cooling?				○ YE	ES		○ NC	)	OTHE	R (SPECIFY)	Ė	PASS/
Is the entrance and exit large	e enough to allow access a	and egress i	in an em	nergen	cy?	○ YE	ES		○ NC	)				
Is there are continuous supp	oly of respirable air?					○ YE	ES		○ NC	)	Time	of Test 2:	Ļ	
Is the means of access to an	d escape from the confined	d space acc	eptable	?		○ YE	ES		○ NC	)	OXYO	GEN	Ļ	PASS/
Is breathing apparatus at ha	nd and in good working o	rder?				○ YE	ES		○ NC	)	CARE	SON MONOXI	DE	PASS/
Is the safety line/tripod/harr	ness and any other backup	equipment	t to han	d?		○ YE	ES		○ NC	)	CARE	ON DIOXIDE	Ļ	PASS/
Are adequate emergency ar	rangements in place?					○ YE	ES .		○ NC	)	OTHE	ER (SPECIFY)		PASS/
Is a trained and competent s	standby person posted at t	the point of	f entry?			○ YE	ES .		○ NC	)				
			EMER(	GENC	Y CON	ITACT	<u>'S</u>							
				t conn	ected wi	th the w	vork)		7 [					
Name:		Position:	:						] [	Conta	ıct:			
		AUTHO	ORISA	TION	I AND I	ACCEF	PTAN	NCE						
I confirm that I have verified and the conditions of this au												ry out the wo	ork as d	efined abo
Permit Acceptor:	Siç	gnature:						Va	lid Fr	om:	Time:		Date:	
Company:	Pe	ermit Issuer:	:					Va	lid To	):	Time:		Date:	
		IANDBA	CK. RF	CFIP	TAND	CANC	ELL	ATIC	N					
I confirm that the activity ha										conditi	on.			
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									$\neg$	Г	1	ı	
Permit Acceptor:			Sign	ature:							Time:		Date:	
	SECURITY							EST/	ATES	& CA	PITAL	DEVELOP	MENT	

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.

Date:

Time:

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:

	Top Copy: Perm	nit Issuer, <b>Middle Copy:</b> Sec	urity, <mark>Botto</mark>	m Copy : Perm	nit Accep	tor	<b>-</b>
Aston Univers	ity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0066	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:		•		•			
Has a suitable a	nd sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Managemer Safety at Work Regu amended) require th	lations 1999 (as
	tatement been undertak		О		NO NO	five or more employ significant findings	ees record the of assessments and
	c tests required prior to a		O Y		NO	assessments and me must be submitted to Development Depar	ethod statements to Estates & Capital
		HAZARDS AND PR	ECAUTIONS	<u> </u>		works commencing.	
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
Has the confined sp	pace been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN	PASS/F.
Has the confined sp	pace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined sp	pace been mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
ls the confined spac	ce below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F.
Is the entrance and	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
Is there are continu	ous supply of respirable air?		○ YES	○ NO		of Test 2:	DACC/E
Is the means of acce	ess to and escape from the conf	fined space acceptable?	YES	○ NO	OXYG		PASS/F/
Is breathing appara	tus at hand and in good workir	ng order?	○ YES	○ NO		DIXONOM NC	
s the safety line/trip	pod/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emer	gency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/F/
ls a trained and con	npetent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
Name:		Position:		Cont	act:		
		<u>AUTHORISATION AND</u>	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	e:
Company:		Permit Issuer:		Valid To:	Time:	Date	e:
confirm that the ac	ctivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date	e:
	SECURITY			ESTATES & CA	APITAL I	DEVELOPMEN	NT
	ipt of this form having been inf se area secure and in a safe and			that the activity h			

Date:

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Aston University	CONFI	NED SPACE (RED ZO		PERMIT	REF:	0067
Organisation:	Permit Ad	cceptor:		Mobile N	umber:	
Building:	Access Po	pint:		2nd Escap	oe Route:	
Job Details:						
Has a suitable and sufficie	ent risk assessment been u	ındertaken for thi	s task? \( \cap Y	ES OI	NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations witl
	been undertaken for this t		О			five or more employees record the significant findings of assessments and
	juired prior to and during		OY			identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital
<u>'</u>	. , ,	<u>,                                      </u>				Development Department in advance of works commencing.
	<u>H/</u>	AZARDS AND PR	ECAUTIONS	<u> </u>		
Are all persons requiring entry in	nto the confined space trained a	nd competent?	○ YES	○ NO	Atm	ospheric Testing Results
Has the confined space been isc	plated from all connected pipewo	ork?	○ YES	○ NO	Time	of Test 1:
Has the confined space been pu	urged with air/water/steam?		○ YES	○ NO	OXYG	EN PASS/FAI
Has the confined space been ele	ectrically isolated and locked out	?	○ YES	○ NO	CARBO	ON MONOXIDE PASS/FA
Has the confined space been mo	echanically isolated and locked o	off?	○ YES	○ NO	CARBO	ON DIOXIDE PASS/FAI
Is the confined space below 30 I	Degrees Celsius on full cooling?		○ YES	○ NO	OTHE	R (SPECIFY) PASS/FAI
Is the entrance and exit large en	ough to allow access and egress	in an emergency?	○ YES	○ NO		
Is there are continuous supply o	of respirable air?		○ YES	○ NO	Time	of Test 2:
Is the means of access to and es	cape from the confined space ac	cceptable?	YES	○ NO	OXYG	
Is breathing apparatus at hand a	and in good working order?		YES	○ NO	CARBO	ON MONOXIDE PASS/FA
Is the safety line/tripod/harness	and any other backup equipme	nt to hand?	YES	○ NO	CARBO	ON DIOXIDE PASS/FAI
Are adequate emergency arrang	gements in place?		YES	○ NO	OTHE	R (SPECIFY) PASS/FAI
	dby person posted at the point of	of entry?	YES	○ NO		
		EMERGENCY CO	ONTACTS			
	(P	erson not connected	with the work)			
Name:	Position	ո։		Conta	act:	
	AUTH	IORISATION ANI	O ACCEPTAI	NCE		
	above information and ensured orisation form have been explain	, ,				y out the work as defined above
Permit Acceptor:	Signature:			Valid From:	Time:	Date:
Company:	Permit Issue	er:		Valid To:	Time:	Date:
	HANDBA	ACK, RECEIPT AN	D CANCELL	ATION		
I confirm that the activity has be	een completed, checked by myse				ion.	
Permit Acceptor:		Signature:			Time:	Date:
	SECURITY			ESTATES & CA	APITAL [	DEVELOPMENT

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.

Date:

Time:

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:

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Aston Universit	у	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0068	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
las a suitable and	d sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Management Safety at Work Regula amended) require tha	tions 1999 (as
	tement been undertak		S task: O			five or more employed significant findings of	es record the assessments and
	tests required prior to a		0)			assessments and method in the submitted to Development Departs	nod statements Estates & Capital
		HAZARDS AND PR	ECAUTION:	<u>s</u>		works commencing.	
re all persons requir	ing entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result
las the confined space	ce been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined spac	ce been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined space	ce been electrically isolated a	nd locked out?	YES	ONO	CARBO	ON MONOXIDE	PASS/F/
as the confined space	ce been mechanically isolated	d and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F/
the confined space	below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
the entrance and ex	kit large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
there are continuou	us supply of respirable air?		○ YES	○ NO		of Test 2:	DACC/F/
s the means of access	s to and escape from the cont	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatu	s at hand and in good workir	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/FA
s the safety line/tripo	d/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emerge	ency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and comp	etent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
[					. [		
Name:		Position:		Cont	act:		
		<u>AUTHORISATION AND</u>	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as o	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	
Company:		Permit Issuer:		Valid To:	Time:	Date	
confirm that the acti	vity has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date	
	<u>SECURITY</u>			ESTATES & CA			
	t of this form having been inf area secure and in a safe and			that the activity he area left secure			

Date:

ganisation:    Permit Acceptor:		Mobile N	REF:	0069	
as a suitable and sufficient risk assessment been undertaken for this as a method statement been undertaken for this task?					
ob Details:  as a suitable and sufficient risk assessment been undertaken for this as a method statement been undertaken for this task?		2nd Esca	pe Route:		
as a suitable and sufficient risk assessment been undertaken for thi					
as a method statement been undertaken for this task?					
as a method statement been undertaken for this task?	is task?	YES	NO	NB: The Management of Safety at Work Regulation amended) require that of	ons 1999 (as
			NO NO	five or more employees significant findings of as	record the seessments and
e atmospheric tests required prior to and during entry?			NO	identify those especially assessments and methor must be submitted to Es Development Departme	d statements states & Capital
HAZARDS AND PR	RECAUTIO	NS		works commencing.	and in advance of
e all persons requiring entry into the confined space trained and competent?	YES	∩ NO	Atm	ospheric Testin	ng Result
s the confined space been isolated from all connected pipework?	YES	○ NO	Time	of Test 1:	
s the confined space been purged with air/water/steam?	YES	○ NO	OXYG		PASS/F.
s the confined space been electrically isolated and locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F
s the confined space been mechanically isolated and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F.
he confined space below 30 Degrees Celsius on full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
he entrance and exit large enough to allow access and egress in an emergency?	○ YES	○ NO			
here are continuous supply of respirable air?	○ YES	○ NO	Time	of Test 2:	
he means of access to and escape from the confined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
oreathing apparatus at hand and in good working order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
he safety line/tripod/harness and any other backup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
e adequate emergency arrangements in place?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/FA
trained and competent standby person posted at the point of entry?	○ YES	○ NO			
EMERGENCY CO (Person not connected		rk)			
ame: Position:		Cont	act:		
<u>AUTHORISATION ANI</u>	D ACCEPT	ANCE			
onfirm that I have verified the above information and ensured that the necessary produced that the necessary produced the conditions of this authorisation form have been explained to all workers invo				y out the work as de	fined above
rmit Acceptor: Signature:		Valid From:	Time:	Date:	
pmpany: Permit Issuer:		Valid To:	Time:	Date:	
HANDBACK, RECEIPT AN onfirm that the activity has been completed, checked by myself and the area left se			tion.		
rmit Acceptor: Signature:			Time:	Date:	
<u>SECURITY</u>		ESTATES & C	APITAL [	DEVELOPMENT	

Date:

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Aston Unive	ersity		<u>COI</u>	NFINE	D SPA (RED		NTRY NE)	PER	<u>MIT</u>	REF:	0070		
Organisation:			Per	rmit Accept	or:				Mobile N	umber:			
Building:			Aco	cess Point:					2nd Esca	pe Route:			
Job Details:													
Hac a cuitable	and suffi	cient risk assessn	nont h	oon undo	rtakon fo	r thic	task?	VEC	01	NO	NB: The Manag	Regulatio	ns 1999 (as
		nt been undertak				11113		YES	0		amended) requestive or more er significant find	nployees	
		equired prior to						YES	01		identify those assessments a must be subm	especially nd metho itted to Es	at risk. Risk d statements
				HAZA	RDS AND	) PRE	CAUTION	<u>S</u>			works comme		
Are all persons re	equiring entr	y into the confined s	pace tra	ined and co	mpetent?		YES		○ NO	Atm	ospheric '	Testin	ng Result
		isolated from all con					YES		○ NO	Time	of Test 1:		
las the confined	l space been	purged with air/wat	er/steam	n?			YES		○ NO	OXYG	SEN		PASS/F
las the confined	l space been	electrically isolated a	and lock	ed out?			YES		○ NO	CARB	ON MONOXII	DE	PASS/F
las the confined	l space been	mechanically isolate	d and lo	cked off?			YES		○ NO	CARB	ON DIOXIDE		PASS/F
the confined s	pace below 3	0 Degrees Celsius or	n full coc	oling?			YES		○ NO	OTHE	R (SPECIFY)		PASS/F
the entrance a	nd exit large	enough to allow acc	ess and	egress in ar	emergenc	zy?	YES		○ NO				
there are conti	nuous suppl	y of respirable air?					YES		○ NO	Time	of Test 2:		<b></b>
s the means of a	ccess to and	escape from the con	nfined sp	ace accept	able?		YES		○ NO	OXYG			PASS/F/
s breathing app	aratus at har	d and in good worki	ng ordei	r?			YES		○ NO		ON MONOXII	DE	PASS/F/
s the safety line	tripod/harne	ess and any other bac	ckup equ	uipment to	hand?		YES		○ NO		ON DIOXIDE		PASS/F/
re adequate en	nergency arra	angements in place?					YES		○ NO	OTHE	R (SPECIFY)		PASS/F
s a trained and o	competent st	andby person posted	d at the p	point of ent	ry?		YES		○ NO				
					ERGENC not conne		ITACTS	)					
			1 [					,	] [				
Name:			] [Po	sition:					Conta	act:			
			<u> </u>	AUTHORI	SATION	AND	ACCEPTA	NCE					
		he above informatio horisation form have									ry out the wo	rk as de	fined abov
Permit Acceptor	:		Signa	ture:				Va	lid From:	Time:		Date:	
Company:			Permi	it Issuer:				Va	lid To:	Time:		Date:	
			HAN	NDBACK,	RECEIP1	ΓAND	CANCEL	LATIC	<u>ON</u>				
confirm that the	e activity has	been completed, ch								ion.			
Permit Acceptor	<i>:</i> :				ignature:					Time:		Date:	
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Date:

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Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0071	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable and si	ufficient rick assessm	ent been undertaken for thi	s task?	VES C	NO	NB: The Management of H Safety at Work Regulations amended) require that org	s 1999 (as
	ment been undertake		s task:			five or more employees re- significant findings of asse	cord the
	ts required prior to a		0,		NO	assessments and method s must be submitted to Esta	statements tes & Capital
		HAZARDS AND PR	ECAUTION	S		☐ Development Department works commencing.	. III advance c
Are all persons requiring	entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testing	, Result
	een isolated from all conr	<u> </u>	YES	○ NO	Time	of Test 1:	
las the confined space b	een purged with air/wate	r/steam?	YES	ONO	OXYG		PASS/F/
las the confined space b	een electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
las the confined space b	een mechanically isolated	l and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
s the confined space belo	ow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
s the entrance and exit la	arge enough to allow acce	ess and egress in an emergency?	YES	○ NO			
s there are continuous su	upply of respirable air?		YES	○ NO		of Test 2:	] pacc/5/
s the means of access to	and escape from the conf	ined space acceptable?	YES	○ NO	OXYG		PASS/F/
s breathing apparatus at	hand and in good workin	g order?	YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod/h	arness and any other bacl	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emergency	arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and competer	nt standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		)			
[		· .			. [		
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		and ensured that the necessary problems and ensured that the necessary problems invo				y out the work as defi	ned above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activity	has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date:	
	<u>SECURITY</u>					DEVELOPMENT	
	this form having been info a secure and in a safe and					mpleted in accordand fe and tidy condition.	

Date:

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Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0072	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Escape			
Job Details:							
Has a suitable and su	ifficient risk assessm	ent heen undertaken for thi	s task?	/FS O	NO	NB: The Management of H	ıs 1999 (as
Has a suitable and sufficient risk assessment been undertaken for this Has a method statement been undertaken for this task?				ask? YES NO		amended) require that organisations wit five or more employees record the significant findings of assessments and	
Are atmospheric tests required prior to and during entry?					identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance		
		HAZARDS AND PR	ECAUTION	<u>s</u>		works commencing.	
Are all persons requiring o	entry into the confined sp	ace trained and competent?	YES	○ NO	Atm	ospheric Testin	g Result
Has the confined space been isolated from all connected pipework?				○ NO	Time	of Test 1:	
Has the confined space been purged with air/water/steam?				○ NO	OXYG	EN	PASS/F/
Has the confined space been electrically isolated and locked out?				ONO	CARBO	ON MONOXIDE	PASS/F/
Has the confined space been mechanically isolated and locked off?				○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined space below 30 Degrees Celsius on full cooling?				○ NO	OTHE	R (SPECIFY)	PASS/F/
Is the entrance and exit large enough to allow access and egress in an emergency?				○ NO			
Is there are continuous supply of respirable air?				○ NO		of Test 2:	7 DAGG/E/
Is the means of access to and escape from the confined space acceptable?				○ NO	OXYG		PASS/FA
Is breathing apparatus at hand and in good working order?				○ NO		ON MONOXIDE	PASS/F/
Is the safety line/tripod/harness and any other backup equipment to hand?				○ NO		ON DIOXIDE	PASS/F/
Are adequate emergency arrangements in place?				YES NO		R (SPECIFY)	_ PA33/FA
s a trained and competer	nt standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		1			
Name:		Position:		Cont	act:		
		<b>AUTHORISATION AND</b>	O ACCEPTA	NCE			
		and ensured that the necessary problem explained to all workers invo				y out the work as def	ined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activity	has been completed, che	HANDBACK, RECEIPT AN			ion.		
Permit Acceptor:		Signature:			Time:	Date:	
	<u>SECURITY</u>					DEVELOPMENT	
	this form having been info secure and in a safe and					mpleted in accordan fe and tidy condition	

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Aston Unive	ersity		CONFINE	SPACE (RED ZO		PERMIT	REF:	0073		
Organisation:			Permit Accepto	or:		Mobile	Number:			
Building:			Access Point:			2nd Esc	ape Route:			
Job Details:										
Jac a cuitable	and cuffici	ent risk assessme	ont boon undo	rtakan far thi	s task?	EC C	) NO	NB: The Managem	gulations 1999	9 (as
		been undertake			S Lask! O Y		) NO	amended) require five or more empl significant finding	oyees record th	the
		quired prior to a			OY		) NO	identify those esp assessments and i must be submitte Development Dep	ecially at risk. R method statem d to Estates & C	Risk nents Capital
			HAZAF	RDS AND PR	ECAUTIONS			works commencing	ıg.	
re all persons re	equiring entry	into the confined spa	ace trained and co	mpetent?	YES	○ NO	Atm	ospheric Te	sting Re	sult
las the confined	I space been is	olated from all conn	ected pipework?		YES	○ NO	Time	of Test 1:		
las the confined	l space been p	urged with air/water	/steam?		YES	○ NO	OXYG	SEN	PA	ASS/F
as the confined	l space been e	lectrically isolated ar	d locked out?		YES	○ NO	CARB	ON MONOXIDE	PA	ASS/F
as the confined	l space been m	nechanically isolated	and locked off?		○ YES	○ NO	CARB	ON DIOXIDE	PA	ASS/F
the confined s	pace below 30	Degrees Celsius on 1	ull cooling?		○ YES	○ NO	OTHE	R (SPECIFY)	PA	ASS/F
the entrance a	nd exit large e	nough to allow acce	ss and egress in an	emergency?	○ YES	○ NO				
there are conti	nuous supply	of respirable air?			○ YES	○ NO		of Test 2:		
the means of a	ccess to and e	scape from the confi	ned space accepta	ible?	○ YES	○ NO	OXYG			ASS/F/
breathing app	aratus at hand	and in good working	g order?		○ YES	○ NO		ON MONOXIDE	$\sqsubseteq$	ASS/F/
the safety line	tripod/harnes/	s and any other back	up equipment to h	nand?	○ YES	○ NO		ON DIOXIDE		ASS/F/
re adequate en	nergency arran	gements in place?			○ YES	○ NO	OTHE	R (SPECIFY)	PA	ASS/F/
a trained and o	competent sta	ndby person posted	at the point of ent	ry?	YES	○ NO				
				not connected						
Name:			Position:			Con	itact:			
varie.			Tosition.							
			AUTHORI	SATION AND	ACCEPTAN	NCE				
		e above information orisation form have I						ry out the work	as defined a	above
Permit Acceptor	:		Signature:			Valid From	: Time:	Da	ate:	
Company:			Permit Issuer:			Valid To:	Time:	Da	ate:	
			HANDBACK,	RECEIPT AN	D CANCELL	ATION				
confirm that the	e activity has b	een completed, che	ked by myself and	the area left se	cure and in a sa	fe and tidy cond	dition.			
Permit Acceptor	:		S	ignature:			Time:	Da	ate:	
								DEVELOPMI		

Date:

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Aston Unive	ersity		<u>CO</u>	NFINI			ENTF ONE)	RY F	PERM	<u>11T</u>	REF:	0074		
Organisation:			Pe	ermit Accep	otor:					Mobile N	umber:			
Building:			Ac	ccess Point	:					2nd Esca	oe Route:			
Job Details:			·											
Jac a cuitable	and suffic	cient risk assessn	nont h	oon und	lortakon	forth	is tack?	$\bigcirc$ Y	EC.	0	NO.	NB: The Mana Safety at Wor	k Regulati	ons 1999 (as
		nt been undertak				ווטו נו	IIS task!	$\bigcirc$ Y		0		five or more	mployees	organisations w record the ssessments and
		equired prior to						O Y		0		must be subr	and metho	y at risk. Risk od statements states & Capital ent in advance
				HAZ	ARDS A	ND PI	RECAUT	IONS	<u>5</u>			works comm	encing.	
re all persons re	equiring entr	y into the confined s	space tra	ained and	competer	nt?	O Y	ES		) NO	Atn	nospheric	Testii	ng Result
las the confined	l space been	isolated from all con	nected	pipework	?		O Y	ES		) NO	Time	of Test 1:		
as the confined	l space been	purged with air/wat	er/stear	m?			○ Y	ES		) NO	OXY	GEN		PASS/F
as the confined	l space been	electrically isolated a	and locl	ked out?			○ Y	ES		) NO	CAR	BON MONOX	IDE	PASS/F
as the confined	l space been	mechanically isolate	ed and le	ocked off?			O Y	ES		) NO	CAR	BON DIOXIDE		PASS/F
the confined s	pace below 3	0 Degrees Celsius or	n full co	oling?			OY	ES		) NO	ОТН	ER (SPECIFY)		PASS/F
the entrance a	nd exit large	enough to allow acc	ess and	d egress in	an emerg	ency?	OY	ES		) NO				
there are conti	nuous suppl	y of respirable air?					O Y	ES		) NO		e of Test 2:		
the means of a	ccess to and	escape from the cor	nfined s	pace accep	otable?		O Y	ES	C	) NO	OXY		_	PASS/F
breathing app	aratus at han	d and in good worki	ing orde	er?			O Y	ES		) NO		BON MONOX		PASS/F
the safety line	tripod/harne	ess and any other ba	ckup eq	quipment t	o hand?		○ Y	ES	C	) NO		BON DIOXIDE	F	PASS/F
re adequate en	nergency arra	angements in place?					○ Y	ES	C	) NO	ОТН	ER (SPECIFY)		PASS/F
a trained and o	competent st	andby person poste	d at the	point of e	ntry?		○ Y	ES	C	) NO				
							ONTACT							
Name:				osition:						Conta	oct:			
varrie.										Conta				
				AUTHO	RISATIC	N AN	D ACCE	PTAI	NCE					
		he above informatio horisation form have										rry out the w	ork as de	efined abov
Permit Acceptor	::		Signa	ature:					Valid	d From:	Time:		Date:	
Company:			Perm	nit Issuer:					Valid	d To:	Time:		Date:	
			HA	NDBACI	K, RECE	IPT AI	ND CAN	CELL	ATION	1				
confirm that the	e activity has	been completed, ch	ecked k	oy myself a	ind the are	ea left s	ecure and	in a sa	afe and t	idy condit	ion.			
Permit Acceptor	:				Signatur	e:					Time:		Date:	
					i .		_				1 -			

Date:

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Aston Univers	ity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0075	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:		•					
Has a suitable a	nd sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Management Safety at Work Regulamended) require the	lations 1999 (as
	tatement been undertak		O Y		NO NO	five or more employ significant findings	rees record the of assessments and
	c tests required prior to a		OY		NO	assessments and me must be submitted Development Depar	ethod statements to Estates & Capital
		HAZARDS AND PR	ECAUTIONS	<u>i</u>		works commencing	
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
Has the confined sp	pace been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F
Has the confined sp	pace been electrically isolated a	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined sp	pace been mechanically isolated	d and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined spac	ce below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F.
Is the entrance and	exit large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO		<b>4.</b>	
Is there are continu	ous supply of respirable air?		○ YES	○ NO		of Test 2:	PASS/F
Is the means of acce	ess to and escape from the con	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
ls breathing appara	tus at hand and in good workir	g order?	○ YES	○ NO		DIXONOM NC	PASS/F/
Is the safety line/trip	pod/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emer	gency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	FA33/F/
Is a trained and com	npetent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO					
N		Desires 1					
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAI	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined abov
Permit Acceptor:		Signature:		Valid From:	Time:	Dat	e:
Company:		Permit Issuer:		Valid To:	Time:	Dat	e:
I confirm that the ac	ctivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Dat	e:
	<u>SECURITY</u>			ESTATES & CA	APITAL I	DEVELOPME	NT
l acknowledge rece	ipt of this form having been inf	ormed that the person	I am satisfied	that the activity h	as been co	mpleted in acco	dance with th

Date:

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Aston Univers	iity	CONFINED SPACE (RED ZO		PERMIT	REF:	0076	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable a	and sufficient risk assessm	ent been undertaken for thi	s task?	/FS O	NO	NB: The Managemen Safety at Work Regul amended) require th	ations 1999 (as
	tatement been undertak		0		NO	five or more employersignificant findings of	ees record the f assessments and
	ic tests required prior to a		0)		NO	assessments and me must be submitted t Development Depar	thod statements o Estates & Capital
		HAZARDS AND PR	ECAUTION	<u>S</u>		works commencing.	
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
Has the confined sp	pace been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F
Has the confined sp	pace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined sp	pace been mechanically isolated	and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F
s the confined space	ce below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
s the entrance and	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO		<b>4.</b>	
s there are continu	ous supply of respirable air?		○ YES	○ NO		of Test 2:	PASS/F
s the means of acce	ess to and escape from the con	ined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing appara	atus at hand and in good workir	g order?	YES	○ NO			PASS/F/
s the safety line/trip	pod/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emer	gency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	F A33/17
s a trained and con	npetent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO (Person not connected		)			
Name		Desition		Cont	a ct		
Name:		Position:		Cont	act:		
		AUTHORISATION AND	<b>ACCEPTA</b>	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	2:
Company:		Permit Issuer:		Valid To:	Time:	Date	2:
confirm that the a	ctivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date	2:
	SECURITY			ESTATES & CA	APITAL I	DEVELOPMEN	IT
	eipt of this form having been inf ne area secure and in a safe and			that the activity h			

Date:

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Aston University	CONFI	NED SPACE (RED ZO		PERMI <sup>*</sup>	<b>T</b>	EF:	0077	
Organisation:	Permit Ac	ceptor:		Mo	obile Num	ber:		
Building:	Access Po	vint:		2n	d Escape I	Route:		
Job Details:				·				
Has a suitable and sufficie	ent risk assessment been u	ndertaken for th	is task?	YES	○ NC	)	NB: The Manageme Safety at Work Reg	
	been undertaken for this t			YES	○ NC		five or more emplo significant findings	yees record the of assessments and
	quired prior to and during			YES	○ NC			nethod statements to Estates & Capital
	<u>H</u>	AZARDS AND PR	ECAUTIO	<u>NS</u>			works commencin	artment in advance o g.
Are all persons requiring entry i	nto the confined space trained a	nd competent?	YES	○ N	0	Atm	ospheric Te	sting Results
Has the confined space been is	olated from all connected pipewo	ork?	YES	○ N	0	Time o	of Test 1:	
Has the confined space been po	urged with air/water/steam?		YES	○ N	0	OXYGE	:N	PASS/FA
Has the confined space been el	ectrically isolated and locked out	?	YES	○ N	0	CARBO	N MONOXIDE	PASS/FA
Has the confined space been m	echanically isolated and locked o	ff?	YES	○ N	0	CARBO	N DIOXIDE	PASS/FA
Is the confined space below 30	Degrees Celsius on full cooling?		YES	○ N	0	OTHER	(SPECIFY)	PASS/FA
Is the entrance and exit large er	nough to allow access and egress	in an emergency?	YES	○ N	0	-	l I	
Is there are continuous supply o	of respirable air?		YES	○ N	0	Time o	of Test 2:	
Is the means of access to and es	scape from the confined space ac	ceptable?	YES	○ N	0	OXYGE	:N	PASS/FA
Is breathing apparatus at hand	and in good working order?		YES	○ N	0	CARBO	N MONOXIDE	PASS/FA
Is the safety line/tripod/harness	and any other backup equipmen	nt to hand?	YES	O N	0	CARBO	N DIOXIDE	PASS/FA
Are adequate emergency arran	gements in place?		YES	O N	0	OTHER	(SPECIFY)	PASS/FA
ls a trained and competent star	dby person posted at the point o	of entry?	YES	○ N	0			
	(D	EMERGENCY Co		IA.				
Name:	Position		with the wor		Contact	::		
	AUTH	ORISATION AN	D ACCEPT	ANCE				
	e above information and ensured orisation form have been explaine	, ,					out the work a	s defined above
Permit Acceptor:	Signature:			Valid F	rom: T	ime:	Da	te:
Company:	Permit Issue	r:		Valid T	о: т	ime:	Da	te:
	HANDBA	CK, RECEIPT AN	ID CANCE	LATION	'			
I confirm that the activity has b	een completed, checked by myse				condition	).		
Permit Acceptor:		Signature:			T	ime:	Da	te:

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.

Date:

Time:

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:

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Aston Unive	ersity		<u>COI</u>	NFINE	D SPA (RED		NTRY NE)	PEF	<u>RMIT</u>	REF:	0078		
Organisation:			Per	mit Accept	or:				Mobile N	umber:			
Building:			Acc	cess Point:					2nd Esca	pe Route:			
Job Details:									1				
Jac a cuitable	and suffi	cient risk assessn	nont h	oon undo	rtakon fo	r thic	tack2	YES		NO	NB: The Manag	Regulatio	ns 1999 (as
		nt been undertak				1 (1115		YES	0		amended) requestive or more er significant find	nployees	
		equired prior to						YES	0		identify those assessments as must be submi	especially nd metho tted to Es	at risk. Risk d statements
				HAZA	RDS AND	) PRE	CAUTION	<u>IS</u>			works commer	ncing.	
re all persons re	equiring entr	y into the confined s	pace tra	ined and co	mpetent?		YES		○ NO	Atm	ospheric '	Гestin	ng Result
las the confined	l space been	isolated from all con	nected p	oipework?			○ YES		○ NO	Time	of Test 1:		
las the confined	l space been	purged with air/wate	er/steam	ո?			YES		○ NO	OXYG	EN		PASS/F/
as the confined	l space been	electrically isolated a	and lock	ed out?			○ YES		○ NO	CARB	ON MONOXII	DE	PASS/F
as the confined	l space been	mechanically isolate	d and lo	cked off?			○ YES		○ NO	CARB	ON DIOXIDE		PASS/F
the confined s	pace below 3	0 Degrees Celsius or	n full coc	oling?			○ YES		○ NO	OTHE	R (SPECIFY)		PASS/F
the entrance a	nd exit large	enough to allow acc	ess and	egress in ar	emergeno	y?	○ YES		○ NO				
there are conti	nuous suppl	y of respirable air?					○ YES		○ NO		of Test 2:		7 5466/5
the means of a	ccess to and	escape from the con	nfined sp	ace accepta	able?		○ YES		○ NO	OXYG			PASS/F
breathing app	aratus at har	d and in good worki	ng order	r?			○ YES		○ NO		ON MONOXIE	DE	PASS/F
the safety line	tripod/harne	ess and any other bac	ckup equ	uipment to	hand?		○ YES		○ NO		ON DIOXIDE		PASS/F
re adequate en	nergency arra	angements in place?					○ YES		○ NO	OTHE	R (SPECIFY)		PASS/F/
a trained and o	competent st	andby person posted	d at the p	point of ent	ry?		○ YES		○ NO				
					ERGENC not conne		NTACTS rith the work	:)					
Name:				sition:					Cont	act:			
varrie.			] ['0	Sition.									
			E	AUTHORI	SATION	AND	ACCEPTA	NCE					
		he above informatio horisation form have									ry out the wo	rk as de	fined above
Permit Acceptor	:		Signat	ture:				V	alid From:	Time:		Date:	
Company:			Permi	t Issuer:				V	alid To:	Time:		Date:	
			HAN	NDBACK,	RECEIPT	ΓΑΝΕ	CANCEL	LATI	<u>ON</u>				
confirm that the	e activity has	been completed, ch	ecked by	y myself and	d the area I	eft secu	ure and in a	safe ar	nd tidy condit	ion.			
Permit Acceptor	:				iignature:					Time:		Date:	
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Date:

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Aston Univers	sity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0079	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:		•		•			
Has a suitable a	and sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Managemer Safety at Work Regul amended) require th	ations 1999 (as
	statement been undertak		O Y		NO NO	five or more employ significant findings of	ees record the of assessments and
	ic tests required prior to a		O Y		NO	assessments and me must be submitted to Development Depar	thod statements o Estates & Capital
		HAZARDS AND PR	ECAUTIONS	<u> </u>		works commencing.	
Are all persons req	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
Has the confined s	pace been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F.
Has the confined sp	pace been electrically isolated a	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined s	pace been mechanically isolated	d and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F
ls the confined spa	ice below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and	d exit large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO		<b>4.</b> [	
Is there are continu	uous supply of respirable air?		○ YES	○ NO		of Test 2:	PASS/F
Is the means of acc	cess to and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
ls breathing appara	atus at hand and in good workir	g order?	○ YES	○ NO			PASS/F/
ls the safety line/tri	ipod/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate eme	rgency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	
Is a trained and cor	mpetent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO					
Names		Docition:		Cant	a at.		
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAI	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	ž:
Company:		Permit Issuer:		Valid To:	Time:	Date	2:
I confirm that the a	activity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date	<u>.</u> :
	<u>SECURITY</u>			ESTATES & CA	APITAL I	DEVELOPMEN	<u>IT</u>
acknowledge rece	eipt of this form having been inf	ormed that the person	I am satisfied	that the activity h	as been co	mpleted in accor	dance with th

Date:

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Aston University		CONFI	NEC		ACE E		<u>Y P</u>	PER	RMI7	Γ	REF:	0080		
Organisation:		Permit Ac	ccepto	r:					Mo	bile N	umber:			
Building:		Access Po	oint:						2nd	d Escap	oe Route:			
Job Details:														
Has a suitable and su	ufficient rick assessm	ent heen u	ınder	takon f	or this	task?	( YI	ΈS		10	NO.	NB: The Mana	k Regulati	
Has a method statem				takerri	01 (1113		$\bigcirc$ YI			10		five or more e	mployees	
Are atmospheric test				.2						10		identify those assessments a	especiall and meth	y at risk. Risk od statements
Are aumospheric test	s required prior to a	na auring	entry	•			O II	E3		() I	NO		Departm	states & Capital ent in advance
		<u>H/</u>	AZAR	DS AN	D PRE	CAUTI	ONS	5				WORKS COMMI	incing.	
Are all persons requiring e	entry into the confined sp	ace trained a	nd con	npetent	?	○ YE	ES		○ NO	)	Atn	nospheric	Testi	ng Result
Has the confined space be	en isolated from all conn	ected pipewo	ork?			○ YE	ES .		ONG	)	Time	of Test 1:		
Has the confined space be	en purged with air/water	r/steam?				○ YE	ES		ONG	)	OXY	GEN		PASS/F/
Has the confined space be	en electrically isolated ar	nd locked out	t?			○ YE	ES		○ NO	)	CARE	ON MONOXI	DE	PASS/F/
Has the confined space be	en mechanically isolated	and locked o	off?			○ YE	ES		ONG	)	CARE	ON DIOXIDE	F	PASS/F/
Is the confined space belo	w 30 Degrees Celsius on	full cooling?				○ YE	ES		ONG	)	ОТНІ	ER (SPECIFY)		PASS/F/
Is the entrance and exit la	rge enough to allow acce	ss and egress	s in an	emerger	ncy?	○ YE	ES		○ NO	)				
Is there are continuous su	pply of respirable air?					○ YE	ES		ONG	)	Time	of Test 2:	Ļ	
Is the means of access to a	and escape from the confi	ined space ac	cceptal	ble?		○ YE	ES		ONG	)	OXY	GEN	Ļ	PASS/F/
Is breathing apparatus at I	hand and in good working	g order?				○ YE	ES		ONG	)	CARE	BON MONOXI	DE	PASS/F/
Is the safety line/tripod/ha	arness and any other back	cup equipme	nt to h	and?		○ YE	ES		ONG	)	CARE	BON DIOXIDE	Ļ	PASS/F/
Are adequate emergency	arrangements in place?					○ YE	ES .		○ NO	)	ОТН	ER (SPECIFY)		PASS/F/
Is a trained and competen	it standby person posted	at the point o	of entr	y?		○ YE	ES .		○ NO	)				
			EME	RGEN	CY COI	NTACT	<u>'S</u>							
				not conr	nected w	ith the w	vork)		7) [					
Name:		Position	n:							Conta	act:			
		AUTH	IORIS	OITA	N AND	ACCEF	PTAN	NCE						
I confirm that I have verific and the conditions of this												ry out the wo	ork as d	efined abov
Permit Acceptor:		Signature:						Vã	alid Fı	om:	Time:		Date:	
Company:		Permit Issue	er:					Vā	alid To	o:	Time:		Date:	
		HANDBA	ACK, I	RECEIP	T AND	CANC	ELL	ATI	ON					
I confirm that the activity	has been completed, che									condit	ion.			
										$\neg$ $\vdash$	Г	1	ı	
Permit Acceptor:			Sig	gnature:							Time:		Date:	
	SECURITY							EST	ATES	& CF	PITAL	<b>DEVELOP</b>	MENT	•

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:

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.

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Aston Universit	ty	CONFINED SPACE (RED ZO		PERMIT	REF:	0081	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable an	nd sufficient risk assessm	ent been undertaken for thi	s task?	VES (	NO	NB: The Management Safety at Work Regula amended) require tha	ations 1999 (as
	atement been undertake				NO NO	five or more employe significant findings of	es record the
	tests required prior to a				NO	assessments and met must be submitted to	hod statements Estates & Capital
		HAZARDS AND PR	ECAUTION	S		Development Depart works commencing.	ment in advance
Are all persons requi	ring entry into the confined sp	pace trained and competent?	YES	_ No	Atm	ospheric Test	ing Result
	ice been isolated from all conr		YES	○ NO	Time	of Test 1:	
Has the confined spa	ice been purged with air/wate	r/steam?	YES	○ NO	OXYG		PASS/F
Has the confined spa	ice been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined spa	ice been mechanically isolated	I and locked off?	YES	○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined space	e below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and e	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
ls there are continuo	us supply of respirable air?		YES	○ NO		of Test 2:	DACC/E
Is the means of acces	ss to and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG		PASS/F.
Is breathing apparato	us at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F
Is the safety line/trip	od/harness and any other bacl	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emerg	ency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/F
Is a trained and comp	petent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		)			
🗆							
Name:		Position:		Cont	act:		
		<b>AUTHORISATION AND</b>	ОАССЕРТА	NCE			
		and ensured that the necessary problems and ensured that the necessary problems invo				y out the work as	defined abov
Permit Acceptor:		Signature:		Valid From:	Time:	Date	:
Company:		Permit Issuer:		Valid To:	Time:	Date	:
I confirm that the act	ivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date	:
	SECURITY			ESTATES & CA	APITAL [	DEVELOPMEN	<u>IT</u>
	ot of this form having been info			that the activity h		ompleted in accord	

Date:

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Aston University		CONFI	NEC		ACE I		Y P	PER	RMIT	<u>Γ</u>	REF:	0082		
Organisation:		Permit Ac	cepto	r:					Mo	bile N	umber:			
Building:		Access Po	oint:						2nd	d Escap	oe Route:			
Job Details:														
Has a suitable and su	ufficient risk assessme	ent heen u	ınder	takon f	or this	task?	$\bigcirc$ Y	Ές		10	NO.	NB: The Mana Safety at Worl	k Regulati	
	nent been undertake			takerri	01 (1113	task:	$\bigcirc$ Y			10		five or more e	mployees	
				· · · · · · · · · · · · · · · · · · ·			$\bigcirc$ Y			10		identify those assessments a	especiall and meth	y at risk. Risk od statements
Are atmospheric tes	ts required prior to a	na auring e	entry	•			<u> </u>	E3		UI	NO		Departm	states & Capital ent in advance o
		<u>H</u> A	AZAR	DS AN	D PRE	CAUTI	ONS	5				Works comme	incing.	
Are all persons requiring	entry into the confined sp	ace trained a	nd con	npetent	?	○ YI	ES		ONG	)	Atn	nospheric	Testi	ng Results
Has the confined space be	een isolated from all conn	ected pipewo	ork?			○ YI	ES		ONG	)	Time	of Test 1:		
Has the confined space be	een purged with air/water	/steam?				○ YI	ES		ONG	)	OXY	GEN	F	PASS/FA
Has the confined space be	een electrically isolated ar	nd locked out	:?			○ YI	ES		ONG	)	CARE	ON MONOXI	DE	PASS/FA
Has the confined space be	een mechanically isolated	and locked o	off?			○ YI	ES		○ NO	)	CARE	SON DIOXIDE	F	PASS/FA
Is the confined space belo	ow 30 Degrees Celsius on 1	full cooling?				○ YI	ES		ONG	)	ОТНІ	ER (SPECIFY)	Ė	PASS/FA
Is the entrance and exit la	rge enough to allow acce	ss and egress	in an	emerger	ncy?	○ YI	ES		ONG	)				
Is there are continuous su	upply of respirable air?					○ YI	ES		ONG	)	Time	of Test 2:	Ļ	
Is the means of access to	and escape from the confi	ned space ac	ceptal	ole?		○ YI	ES		ONG	)	OXY	GEN	Ļ	PASS/FA
Is breathing apparatus at	hand and in good working	g order?				○ YI	ES		ONG	)	CARE	BON MONOXI	DE	PASS/FA
Is the safety line/tripod/h	arness and any other back	up equipmer	nt to h	and?		○ YI	ES		ONG	)	CARE	BON DIOXIDE	Ļ	PASS/FA
Are adequate emergency	arrangements in place?					○ YI	ES		○ NO	)	ОТН	ER (SPECIFY)		PASS/FA
Is a trained and competer	nt standby person posted	at the point o	of entry	y?		○ YI	ES		ONG	)				
			EME	RGEN	CY CO	NTACT	<u>'S</u>							
	1	(P	erson	not conr	nected w	vith the v	vork)		<del>-</del>					
Name:		Position	ո։							Conta	act:			
		<u>AUTH</u>	IORIS	OITA	N AND	ACCE	PTAN	NCE						
	ed the above information authorisation form have I											ry out the wo	ork as d	efined above
Permit Acceptor:		Signature:						Vá	alid F	rom:	Time:		Date:	
Company:		Permit Issue	r:					Vā	alid T	o:	Time:		Date:	
		HANDBA	\CK, I	RECEIF	T AND	CANO	ELL	ATI	ON					
I confirm that the activity	has been completed, chec									condit	ion.			
		· 1								$\neg$	Г	1	ı	
Permit Acceptor:			Sig	gnature:							Time:		Date:	
	SECURITY							EST	ATES	& CP	PITAL	DEVELOP	MEN1	_

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.

Date:

Time:

## 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:

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Aston Univers	ity	CONFINED SPACE (RED ZO		ERMIT	REF:	0083	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable a	nd sufficient risk assessm	ent been undertaken for thi	s task? \( \cap Y \)	FS O	NO	NB: The Management Safety at Work Regulamended) require the	lations 1999 (as
	tatement been undertak		O YI		NO NO	five or more employ significant findings	ees record the of assessments and
	c tests required prior to a		O YI		NO	assessments and me must be submitted Development Depar	ethod statements to Estates & Capital
		HAZARDS AND PR	ECAUTIONS			works commencing	
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
Has the confined sp	pace been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F
Has the confined sp	pace been electrically isolated a	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined sp	pace been mechanically isolated	d and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined spac	ce below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F.
Is the entrance and	exit large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO		<b>4-</b> [	
Is there are continue	ous supply of respirable air?		○ YES	○ NO		of Test 2:	PASS/F
Is the means of acce	ess to and escape from the con	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
Is breathing appara	tus at hand and in good workir	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
Is the safety line/trip	pod/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emer	gency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	FA33/F/
Is a trained and com	npetent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO					
Name		Da siti a m		Carat	4.		
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAN	ICE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Dat	e:
Company:		Permit Issuer:		Valid To:	Time:	Dat	e:
I confirm that the ac	ctivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Dat	e:
	SECURITY			ESTATES & CA	APITAL I	DEVELOPME	<u>NT</u>
l acknowledge recei	ipt of this form having been inf	ormed that the person	I am satisfied t	hat the activity h	as been co	mpleted in acco	dance with th

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Aston University		CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0084	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable and	sufficient risk assessm	ent been undertaken for thi	s task?	YES O	NO	NB: The Management Safety at Work Regula amended) require tha	tions 1999 (as
	ement been undertak				NO NO	five or more employee significant findings of	es record the assessments and
	ests required prior to a				NO	identify those especia assessments and meth must be submitted to Development Departr	nod statements Estates & Capital
		HAZARDS AND PR	ECAUTION	<u>IS</u>		works commencing.	nene in advance e
Are all persons requirin	g entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result
	been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space	been purged with air/wate	er/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined space	been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
as the confined space	been mechanically isolated	d and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space be	elow 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
there are continuous	supply of respirable air?		○ YES	○ NO	Time	of Test 2:	
s the means of access t	o and escape from the con	fined space acceptable?	○ YES	○ NO	OXYG		PASS/FA
s breathing apparatus	at hand and in good workir	ng order?	○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod,	harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emergen	cy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and compet	ent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		()			
[							
Name:		Position:		Cont	act:		
		<b>AUTHORISATION AND</b>	ACCEPT/	<u>ANCE</u>			
		n and ensured that the necessary probeen explained to all workers invo				y out the work as o	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activi	ty has been completed, che	HANDBACK, RECEIPT AN			tion.		
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	of this form having been inf ea secure and in a safe and			d that the activity h the area left secure			

Date:

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ilding: Access Point:  ab Details:  as a suitable and sufficient risk assessment been undertaken for this as a method statement been undertaken for this task?		2		L			
b Details:  as a suitable and sufficient risk assessment been undertaken for this as a method statement been undertaken for this task?			nd Escape	Route: [			
ns a suitable and sufficient risk assessment been undertaken for this as a method statement been undertaken for this task?		) VEC					
as a method statement been undertaken for this task?		NEC.					
as a method statement been undertaken for this task?			$\bigcirc$ NO	`	NB: The Managen Safety at Work Re	gulations 19	99 (as
		YES	ONG		amended) require five or more empl significant finding	loyees record	d the
e atmospheric tests required prior to and during entry?		YES	O NO		identify those esp assessments and must be submitte	method stated to Estates	ements & Capital
HAZARDS AND PRI	ECAUTIO	NS			Development Dep works commencing		advance o
e all persons requiring entry into the confined space trained and competent?	○ YES		NO.	Atmo	ospheric Te	esting R	Result
s the confined space been isolated from all connected pipework?	() YES	01		-	of Test 1:		
s the confined space been purged with air/water/steam?	() YES	01		OXYGE			PASS/F/
s the confined space been electrically isolated and locked out?	○ YES	01		1	ON MONOXIDE		PASS/F
s the confined space been mechanically isolated and locked off?	○ YES	01		1	ON DIOXIDE		PASS/F
he confined space below 30 Degrees Celsius on full cooling?	YES	01		1	(SPECIFY)		PASS/F
he entrance and exit large enough to allow access and egress in an emergency?	YES	01			(5. 26 1)		
here are continuous supply of respirable air?	YES	01		Time o	of Test 2:		
he means of access to and escape from the confined space acceptable?	YES	10		OXYGE	N		PASS/F/
oreathing apparatus at hand and in good working order?	YES	10	NO	CARBO	N MONOXIDE	F	PASS/F/
he safety line/tripod/harness and any other backup equipment to hand?	YES			CARBO	N DIOXIDE	F	PASS/F/
e adequate emergency arrangements in place?	YES	10	NO	OTHER	(SPECIFY)	F	PASS/F
trained and competent standby person posted at the point of entry?	○ YES	01	NO				
EMERGENCY CO	NTACTS						
(Person not connected v		rk)					
ame: Position:			Contac	t:			
AUTHORISATION AND						- define	
onfirm that I have verified the above information and ensured that the necessary produced that the necessary produced the conditions of this authorisation form have been explained to all workers involved.					out the work	as define	аароу
rmit Acceptor: Signature:		Valid	From: T	īme:	Di	ate:	
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rmit Acceptor: Signature:			Т	îme:	Di	ate:	
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Aston University		CONFI	NEC		ACE E		Y P	PEF	RMI	<u> </u>	REF:	0086		
Organisation:		Permit Ac	ccepto	r:					Mc	bile N	umber:			
Building:		Access Po	oint:						2n	d Escap	oe Route:			
Job Details:									'					
Has a suitable and si	ufficient risk assessm	ent heen u	ınder	takon f	or this	task?	$\bigcirc$ Y	Ές.		01	NO.	NB: The Mana	k Regulati	
	ment been undertake			takerri	01 (1113	task:	OY					five or more e	mployees	
	ts required prior to a			· · · · · · · · · · · · · · · · · · ·			OY					identify those assessments a	especiall and meth	y at risk. Risk od statements
Are atmospheric tes	ts required prior to a	na during e	entry	•			<u> </u>	E3		OI	NO .		Departm	states & Capital ent in advance o
		HA	AZAR	DS AN	D PRE	CAUTI	ONS	<u>S</u>				Works comme	incing.	
Are all persons requiring	entry into the confined sp	ace trained a	nd con	npetent	?	○ YI	ES		○ N	)	Atn	nospheric	Testi	ng Result
Has the confined space b	een isolated from all conn	ected pipewo	ork?			○ YI	ES		ON	)	Time	of Test 1:		
Has the confined space b	een purged with air/wate	r/steam?				○ YI	ES		○ No	)	OXY	GEN	F	PASS/FA
Has the confined space b	een electrically isolated ar	nd locked out	:?			○ YI	ES		ON	)	CARE	ON MONOXI	DE	PASS/FA
Has the confined space b	the confined space been mechanically isolated and locked off?				○ YI	ES		○ N	) )	CARE	SON DIOXIDE	F	PASS/FA	
Is the confined space belo	e confined space below 30 Degrees Celsius on full cooling?				○ YI	ES		○ No	)	ОТНІ	ER (SPECIFY)	Ė	PASS/F	
Is the entrance and exit la	the entrance and exit large enough to allow access and egress in an emergency?				ncy?	○ YI	ES		○ No	)				
Is there are continuous su	upply of respirable air?					○ YI	YES NO			) )	Time	of Test 2:	Ļ	
Is the means of access to	and escape from the conf	ined space ac	ceptal	ole?		○ YI	ES		○ No	)	OXY	GEN	Ļ	PASS/FA
Is breathing apparatus at	hand and in good workin	g order?				○ YI	ES		○ No	)	CARE	BON MONOXI	DE	PASS/FA
Is the safety line/tripod/h	arness and any other back	cup equipmer	nt to h	and?		○ YI	ES		○ No	) )	CARE	BON DIOXIDE	Ļ	PASS/FA
Are adequate emergency	arrangements in place?					○ YI	ES		○ N	<b>)</b>	ОТНІ	ER (SPECIFY)		PASS/FA
Is a trained and compete	nt standby person posted	at the point o	of entry	y?		○ YI	ES		○ N	<b>)</b>				
			EME	RGEN	CY CO	NTACT	<u>'S</u>							
		<u>`</u>		not conr	nected w	ith the v	vork)							
Name:		Position	ո։							Conta	act:			
		AUTH	IORIS	OITA	N AND	ACCE	PTAN	NCE						
	ied the above information s authorisation form have											ry out the wo	ork as d	efined above
Permit Acceptor:		Signature:						V	alid F	rom:	Time:		Date:	
Company:		Permit Issue	er:					V	alid T	0:	Time:		Date:	
		HANDBA	ACK, I	RECEIF	T AND	CANO	CELL	ATI	ON		•			
I confirm that the activity	has been completed, che									condit	ion.			
										$\neg \vdash$	Г	1		
Permit Acceptor:			Sig	gnature:							Time:		Date:	
	SECURITY				_			EST	ATES	& CA	PITAL	<b>DEVELOP</b>	MENT	

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.

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:	

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Aston University		CONFI	NEC		CE E		Y P	PER	MIT		REF:	0087		
Organisation:		Permit Ad	ccepto	r:					Mok	oile Nu	ımber:			
Building:		Access Po	oint:						2nd	Escap	e Route:			
Job Details:									•					
Has a suitable and su	ifficient risk assessm	ent heen u	ınder	taken f	or this 1	ask?	( YI	FS		$\bigcirc$ N	IO	NB: The Mana Safety at Worl	Regulati	
Has a method staten				takerri	01 (1113)		$\bigcirc$ YI					five or more e	mployees	
Are atmospheric test				,?									nd meth	y at risk. Risk od statements states & Capital
Are atmospheric test	s required prior to a	na adming	entry	·•				LJ				<b>I</b>	Departm	ent in advance
		<u>H/</u>	AZAR	DS AN	D PREC	AUTI	ONS	<u> </u>						
Are all persons requiring e	entry into the confined sp	ace trained a	nd cor	mpetent	?	○ YE	S	(	O NO		Atn	nospheric	Testi	ng Result
Has the confined space be	een isolated from all conr	nected pipewo	ork?			○ YE	S	(	O NO		Time	of Test 1:		
Has the confined space be	een purged with air/wate	r/steam?				○ YE	S	(	ONO		ОХҮС	GEN		PASS/F/
Has the confined space be	een electrically isolated a	nd locked out	t?			○ YE	ES .	(	ONO		CARE	ON MONOXI	DE	PASS/F/
Has the confined space be	the confined space been mechanically isolated and locked off?					○ YE	S	(	O NO		CARE	ON DIOXIDE	F	PASS/F/
Is the confined space belo	e confined space below 30 Degrees Celsius on full cooling?				○ YE	S	(	O NO		OTHE	R (SPECIFY)	F	PASS/F/	
Is the entrance and exit la	the entrance and exit large enough to allow access and egress in an emergency?				ncy?	○ YE			O NO					
Is there are continuous su	pply of respirable air?					YES NO				Time	of Test 2:	L		
Is the means of access to a	and escape from the conf	ined space ac	cceptal	ble?		○ YE	S		O NO		OXYO	GEN	L	PASS/F/
Is breathing apparatus at	hand and in good workin	g order?				○ YE			O NO		CARE	ON MONOXI	DE	PASS/F/
Is the safety line/tripod/ha	arness and any other back	kup equipme	nt to h	and?		○ YE			O NO		CARE	ON DIOXIDE		PASS/F/
Are adequate emergency	arrangements in place?					○ YE	S		O NO		OTHE	R (SPECIFY)		PASS/F/
Is a trained and competer		at the point o	of entr	v?		○ YE			O NO					
·	,, ,	•			SV 601									
		(P			CY CON nected wi									
Name:		Position	n:							onta	ct:			
		AUTH	HORIS	SATION	N AND	ACCEP	TAN	NCE						
I confirm that I have verificand the conditions of this												ry out the wo	ork as d	efined abov
Permit Acceptor:		Signature:						Val	id Fro	om:	Time:		Date:	
Company:		Permit Issue	er:					Val	id To	:	Time:		Date:	
		HANDBA	ACK I	RFCFIP	T AND	CANC	FLL	ATIC	N					
I confirm that the activity	has been completed, che									onditi	on.			
	Zeen completed, elle		1				Ju		, c				ı	
Permit Acceptor:			Si	gnature:							Time:		Date:	
	SECURITY		-					ESTA	TES	& CA	PITAL	DEVELOP	MENT	

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.

Date:

Time:

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.

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Aston Univers	iity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0088	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable a	and sufficient risk assessm	ent been undertaken for thi	s task?	res O	NO	NB: The Managemer Safety at Work Regul amended) require th	lations 1999 (as
	tatement been undertake		S task: O I		NO NO	five or more employ significant findings of	ees record the of assessments and
	ic tests required prior to a		OY		NO	assessments and me must be submitted t Development Depar	thod statements o Estates & Capital
		HAZARDS AND PR	ECAUTIONS	5		works commencing.	thent in advance
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
	pace been isolated from all conr	<u> </u>	YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	r/steam?	YES	ONO	OXYG		PASS/F.
Has the confined sp	pace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined sp	pace been mechanically isolated	YES	○ NO	CARBO	ON DIOXIDE	PASS/F	
Is the confined space	ce below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and	exit large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO		_	
Is there are continu	ious supply of respirable air?	○ YES	○ NO	Time	of Test 2:		
Is the means of acco	ess to and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG		PASS/F
Is breathing appara	atus at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F.
Is the safety line/trip	pod/harness and any other back	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE _	PASS/F
Are adequate emer	gency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
ls a trained and con	npetent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO					
			with the work)				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		and ensured that the necessary probeen explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	e:
Company:		Permit Issuer:		Valid To:	Time:	Date	e:
I confirm that the a	ctivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date	e:
	<u>SECURITY</u>			ESTATES & CA	APITAL I	DEVELOPMEN	NT
acknowledge rece	eipt of this form having been infine area secure and in a safe and		I am satisfied	that the activity h	as been co	mpleted in accor	dance with th

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Aston Univers	ity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0089	
Organisation:		Permit Acceptor:		Mobile N	lumber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable a	nd sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Management of Safety at Work Regulati amended) require that	ons 1999 (as
	tatement been undertake				NO NO	five or more employees significant findings of a	record the ssessments and
	c tests required prior to a		OY		NO	assessments and methor must be submitted to E	od statements states & Capital
		HAZARDS AND PR	ECAUTIONS			□ Development Departm works commencing.	ent in advance o
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	○ YES	No	Atm	ospheric Testi	ng Result
	pace been isolated from all conr		YES	○ NO	Time	of Test 1:	
	pace been purged with air/wate		○ YES	○ NO	OXYG		PASS/F/
Has the confined sp	pace been electrically isolated a	nd locked out?	YES	○ NO	-	ON MONOXIDE	PASS/F
Has the confined sp	pace been mechanically isolated	YES	○ NO		ON DIOXIDE	PASS/F	
Is the confined spac	ce below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO			_
Is there are continuo	ous supply of respirable air?	YES	○ NO	Time	of Test 2:		
Is the means of acce	ess to and escape from the conf	ined space acceptable?	YES	○ NO	OXYG		PASS/F
Is breathing appara	tus at hand and in good workin	g order?	YES	○ NO		ON MONOXIDE	PASS/F
Is the safety line/trip	ood/harness and any other back	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F
Are adequate emer	gency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
ls a trained and com	npetent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO					
		·	with the work)				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAI	NCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as d	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
I confirm that the ac	ctivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
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acknowledge recei	ipt of this form having been inf se area secure and in a safe and		I am satisfied	that the activity h	as been co	mpleted in accorda	nce with th

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Job Details:							
Has a suitable an	nd sufficient risk assessm	ent been undertaken for thi	s task?	/FS O	NO	NB: The Management o Safety at Work Regulati amended) require that	ons 1999 (as
	atement been undertake		s task:		NO NO	five or more employees significant findings of a	record the
	tests required prior to a		0)		NO	assessments and metho must be submitted to E	od statements states & Capital
		HAZARDS AND PR	ECAUTION	S		□ Development Departm works commencing.	ent in advance o
Are all persons requi	ring entry into the confined sp	pace trained and competent?	YES	O NO	Atm	ospheric Testii	ng Result
	ace been isolated from all conr	<u> </u>	YES	○ NO	Time	of Test 1:	
	ace been purged with air/wate		YES	ONO	OXYG		PASS/F
Has the confined spa	ace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined spa	ace been mechanically isolated	YES	○ NO		ON DIOXIDE	PASS/F	
Is the confined space	e below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and e	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
Is there are continuo	us supply of respirable air?	YES	ONO	Time	of Test 2:	7	
Is the means of acces	ss to and escape from the conf	ined space acceptable?	YES	○ NO	OXYG		PASS/F
Is breathing apparati	us at hand and in good workin	g order?	YES	○ NO		ON MONOXIDE	PASS/F
Is the safety line/tripe	od/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F
Are adequate emerg	ency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	PASS/F
ls a trained and comլ	petent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO					
			with the work				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	О АССЕРТА	NCE_			
		and ensured that the necessary probeen explained to all workers invol				y out the work as do	efined above
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I confirm that the act	tivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
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	ot of this form having been info			that the activity h		mpleted in accorda	

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Aston University		CONFI	NEC		ACE E		Y P	PER	RMI7	Γ	REF:	0091		
Organisation:		Permit Ac	ccepto	r:					Mc	bile N	umber:			
Building:		Access Po	oint:						2nd	d Escap	oe Route:			
Job Details:														
Has a suitable and su	ufficient risk assessm	ent heen u	ınder	taken f	or this	task?	$\bigcirc$ Y	'FS		10	NΟ	NB: The Mana Safety at Worl	k Regulati	
Has a method statem				takerri	01 (1113		$\bigcirc$ Y			10		five or more e	mployees	
Are atmospheric test				2			$\bigcirc$ Y			10			and meth	od statements
Are atmospheric test	s required prior to a	na duning (	entry	•				LJ		<u> </u>	10		Departm	states & Capital ent in advance
		<u>H</u>	AZAR	DS AN	D PRE	CAUTI	ONS	<u> </u>						
Are all persons requiring e	entry into the confined sp	ace trained a	nd con	npetent	?	○ YI	ES		ON	)	Atn	nospheric	Testi	ng Result
Has the confined space be	een isolated from all conn	ected pipewo	ork?			○ YI	ES		ONG	)	Time	of Test 1:		
Has the confined space be	en purged with air/water	r/steam?				○ YI	ES		ONG	)	OXY	GEN	F	PASS/F/
Has the confined space be	en electrically isolated ar	nd locked out	:?			○ YI	ES		ONG	)	CARE	ON MONOXI	DE	PASS/F
Has the confined space be	the confined space been mechanically isolated and locked off?				○ YI	ES		ON	)	CARE	ON DIOXIDE	F	PASS/F	
Is the confined space belo	e confined space below 30 Degrees Celsius on full cooling?					○ YI	ES			)	OTHE	ER (SPECIFY)	F	PASS/F
Is the entrance and exit la	the entrance and exit large enough to allow access and egress in an emergency?				ncy?	○ YI	ES		ONG	)				
Is there are continuous su	pply of respirable air?					YES NO			Time	of Test 2:	Ļ			
Is the means of access to a	and escape from the confi	ined space ac	ceptal	ole?		○ YI	ES			)	OXY	GEN	Ļ	PASS/F/
Is breathing apparatus at	hand and in good workin	g order?				○ YI	ES			)	CARE	BON MONOXI	DE	PASS/F
Is the safety line/tripod/ha	arness and any other back	cup equipme	nt to h	and?		○ YI	ES		ONG	)	CARE	BON DIOXIDE	L	PASS/F
Are adequate emergency	arrangements in place?					○ YI	ES		○ NO	)	OTHE	ER (SPECIFY)		PASS/F/
Is a trained and competen	nt standby person posted	at the point o	of entry	y?		○ YI	ES		ONG	)				
			EME	RGEN	CY COI	NTACT	<u>'S</u>							
		(P	erson	not conr	nected w	ith the v	vork)		<del>-</del>					
Name:		Position	า:							Conta	act:			
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I confirm that I have verific and the conditions of this												ry out the wo	ork as d	efined above
Permit Acceptor:		Signature:						Vā	alid F	om:	Time:		Date:	
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I confirm that the activity	has been completed, che									condit	ion.			
										$\neg$ $\vdash$	Г	1	ı	
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	<u>SECURITY</u>							<b>EST</b>	ATES	& CA	PITAL	DEVELOP	MENT	

Date:

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:

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.

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Aston Univers	ity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0092	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable a	nd sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Manageme Safety at Work Regu amended) require to	llations 1999 (as
	tatement been undertake		О		NO NO	five or more employ significant findings	rees record the of assessments and
	c tests required prior to a		OY		NO	assessments and m must be submitted Development Depa	ethod statements to Estates & Capital
		HAZARDS AND PR	ECAUTIONS			works commencing	
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
Has the confined sp	pace been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F
Has the confined sp	pace been electrically isolated a	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined sp	pace been mechanically isolated	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F	
Is the confined spac	ce below 30 Degrees Celsius on	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F.
Is the entrance and	exit large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO		<b>4.</b>	
Is there are continue	ous supply of respirable air?	YES	○ NO		of Test 2:	PASS/F	
Is the means of acce	ess to and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG	L	PASS/F/
Is breathing appara	tus at hand and in good workin	g order?	YES	○ NO		ON MONOXIDE	PASS/F/
Is the safety line/trip	pod/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE [	PASS/F/
Are adequate emer	gency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	FA33/F/
Is a trained and com	npetent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO (Person not connected					
Name		Pacition		Cant	a at.		
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAN	NCE			
		nand ensured that the necessary pr been explained to all workers invol				y out the work a	s defined abov
Permit Acceptor:		Signature:		Valid From:	Time:	Dat	e:
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I confirm that the ac	ctivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
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l acknowledge recei	ipt of this form having been inf	ormed that the person	I am satisfied	that the activity h	as been co	mpleted in acco	rdance with th

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Aston Universit	у	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0093	
Organisation:		Permit Acceptor:		Mobile N	umber:		
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Job Details:							
las a suitable an	d sufficient risk assessm	ent been undertaken for thi	s task?	/FS O	NO	NB: The Management of Safety at Work Regulati amended) require that	ons 1999 (as
	atement been undertake		S (d3K: 0)			five or more employees significant findings of a	record the ssessments and
	tests required prior to a		0)		NO	identify those especially assessments and methor must be submitted to E Development Departm	od statements states & Capital
		HAZARDS AND PR	ECAUTION	<u>S</u>		works commencing.	ent in advance c
Are all persons requir	ing entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testi	ng Result
las the confined space	ce been isolated from all conr	nected pipework?	YES	ONO	Time	of Test 1:	
las the confined spa	ce been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined spa	ce been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined spa	ce been mechanically isolated	YES	ONO	CARBO	ON DIOXIDE	PASS/F	
the confined space	full cooling?	YES	○ NO	OTHE	R (SPECIFY)	PASS/F	
the entrance and ex	xit large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
there are continuou	us supply of respirable air?	YES	○ NO		of Test 2:		
the means of acces	s to and escape from the conf	fined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
breathing apparatu	us at hand and in good workin	ng order?	○ YES	○ NO		ON MONOXIDE	_
s the safety line/tripo	od/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
Are adequate emerge	ency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and comp	petent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		1			
Name:		Position:		Cont	act:		
		<b>AUTHORISATION AND</b>	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as d	efined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the acti	ivity has been completed, che	HANDBACK, RECEIPT AN			ion.		
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	at of this form having been inf area secure and in a safe and					mpleted in accordate fe and tidy condition	

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Aston Univers	ity	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0094	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable a	nd sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Management of H Safety at Work Regulation amended) require that ore	s 1999 (as
	tatement been undertake		O Y			five or more employees re significant findings of asse	cord the essments and
	c tests required prior to a		OY		NO	identify those especially a assessments and method must be submitted to Esta Development Departmen	statements ites & Capital
		HAZARDS AND PR	ECAUTIONS	<u>.</u>		works commencing.	
Are all persons requ	uiring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testing	g Result
Has the confined sp	pace been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
Has the confined sp	pace been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F
Has the confined sp	pace been electrically isolated a	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined sp	ace been mechanically isolated	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F	
s the confined spac	ce below 30 Degrees Celsius on	full cooling?	○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
s the entrance and	exit large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO		<b></b>	
s there are continue	ous supply of respirable air?	○ YES	○ NO		of Test 2:	PASS/F	
s the means of acce	ess to and escape from the conf	ined space acceptable?	YES	○ NO	OXYG		PASS/F
s breathing appara	tus at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/F
s the safety line/trip	pod/harness and any other back	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F
Are adequate emer	gency arrangements in place?		YES	○ NO	OTHE	R (SPECIFY)	] FA33/F/
s a trained and com	npetent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO					
Nama		Da siti and		Canal			
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTAI	NCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as def	ined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
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confirm that the ac	ctivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
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acknowledge recei	ipt of this form having been inf	ormed that the person	I am satisfied	that the activity h	as been co	mpleted in accordan	ce with th

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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:		•		·			
Has a suitable and	sufficient risk assessm	ent been undertaken for thi	s task?	YES O	NO	NB: The Managemen Safety at Work Regula amended) require that	ations 1999 (as
	ement been undertake				NO NO	five or more employe significant findings o	ees record the f assessments and
	ests required prior to a				NO	assessments and met must be submitted to Development Depart	thod statements Estates & Capital
		HAZARDS AND PR	ECAUTION	<u>IS</u>		works commencing.	
re all persons requirin	g entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ting Result
	been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space	been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F/
las the confined space	been electrically isolated a	nd locked out?	○ YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
as the confined space	been mechanically isolated	l and locked off?	○ YES	○ NO	CARBO	ON DIOXIDE	PASS/F
the confined space b	elow 30 Degrees Celsius on	full cooling?	◯ YES	○ NO	OTHE	R (SPECIFY)	PASS/F
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
there are continuous	supply of respirable air?	○ YES	○ NO		of Test 2:	DACC/F	
the means of access t	o and escape from the conf	ined space acceptable?	○ YES	○ NO	OXYG		PASS/F/
s breathing apparatus	at hand and in good workin	g order?	○ YES	○ NO		ON MONOXIDE	PASS/FA
the safety line/tripod	/harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/FA
re adequate emergen	cy arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and compet	tent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		<b>(</b> )			
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPT/	ANCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	::
Company:		Permit Issuer:		Valid To:	Time:	Date	::
confirm that the activi	ty has been completed, che	HANDBACK, RECEIPT AN			tion.		
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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
las a suitable and	d sufficient risk assessm	ent been undertaken for thi	s task?	res	NO	NB: The Management of Safety at Work Regulation	ons 1999 (as
	atement been undertake		S task: O		five or more employees recording significant findings of assessing		record the sessments and
	tests required prior to a		O.A	identify those especially at r			d statements states & Capital
		HAZARDS AND PR	ECAUTION:	<u>s</u>		works commencing.	
\re all persons requir	ing entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testin	ıg Result
	ce been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space	ce been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/FA
las the confined space	ce been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/
Has the confined space been mechanically isolated and locked off?			YES	○ NO	CARBO	ON DIOXIDE	PASS/F/
Is the confined space below 30 Degrees Celsius on full cooling?			YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
s the entrance and ex	xit large enough to allow acce	ess and egress in an emergency?	YES	○ NO			
Is there are continuous supply of respirable air?			○ YES	○ NO	Time	of Test 2:	
Is the means of access to and escape from the confined space acceptable?			○ YES	○ NO	OXYG		PASS/F/
Is breathing apparatus at hand and in good working order?			○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripo	od/harness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emerge	ency arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	
s a trained and comp	petent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO					
Name:		Position:		Cont	act:		
		<b>AUTHORISATION AND</b>	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as de	fined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the acti	ivity has been completed, che	HANDBACK, RECEIPT AN			ion.		
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Aston Universi	ty	CONFINED SPACE (RED ZO		<u>PERMIT</u>	REF:	0097	
Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:							
Has a suitable ar	nd sufficient risk assessm	ent been undertaken for thi	s task?	YES (	NO	NB: The Management of Safety at Work Regulatio	ns 1999 (as
	atement been undertake				five or more employees record		ecord the sessments and
	tests required prior to a				assessments and method st must be submitted to Estate		
		HAZARDS AND PR	ECAUTION	I <u>S</u>		□ Development Department works commencing.	nt in advance o
Are all persons requi	iring entry into the confined sp	ace trained and competent?	YES		Atm	ospheric Testin	g Result
	ace been isolated from all conr	<u> </u>	YES	○ NO	Time	of Test 1:	
Has the confined spa	ace been purged with air/wate	r/steam?	YES	○ NO	OXYG		PASS/F/
Has the confined spa	ace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined space been mechanically isolated and locked off?			YES	○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined space below 30 Degrees Celsius on full cooling?			YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and e	exit large enough to allow acce	ss and egress in an emergency?	○ YES	○ NO			
Is there are continuous supply of respirable air?			YES	○ NO	Time	of Test 2:	7 5466/5
Is the means of access to and escape from the confined space acceptable?			YES	○ NO	OXYG		PASS/F
Is breathing apparatus at hand and in good working order?			○ YES	○ NO		ON MONOXIDE	PASS/F
Is the safety line/tripod/harness and any other backup equipment to hand?			○ YES	○ NO		ON DIOXIDE	PASS/F
Are adequate emerg	gency arrangements in place?		○ YES	◯ YES ◯ NO		R (SPECIFY)	PASS/F
ls a trained and com	petent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO		<i>(</i> )			
			with the work				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	O ACCEPTA	NCE			
		and ensured that the necessary problem explained to all workers invo				ry out the work as de	fined above
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Company:		Permit Issuer:		Valid To:	Time:	Date:	
I confirm that the ac	tivity has been completed, che	HANDBACK, RECEIPT AN			tion.		
Permit Acceptor:		Signature:			Time:	Date:	
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Organisation:		Permit Acceptor:		Mobile N	umber:		
Building:		Access Point:		2nd Esca	pe Route:		
Job Details:				·			
Has a suitable and s	sufficient risk assessm	ent been undertaken for thi	s task?	VES (	NO	NB: The Management of Safety at Work Regulatio	ns 1999 (as
	ment been undertake				five or more employees record the significant findings of assessments		
	sts required prior to a		0,	identify those especially at r			d statements tates & Capital
		HAZARDS AND PR	ECAUTION	<u>S</u>		works commencing.	
re all persons requiring	g entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Testin	g Result:
las the confined space	been isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:	
las the confined space	been purged with air/wate	r/steam?	YES	○ NO	OXYG	EN EN	PASS/FA
las the confined space	been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F
Has the confined space been mechanically isolated and locked off?			YES	○ NO	CARBO	ON DIOXIDE	PASS/F/
Is the confined space below 30 Degrees Celsius on full cooling?			○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F/
the entrance and exit	large enough to allow acce	ess and egress in an emergency?	○ YES	○ NO			
Is there are continuous supply of respirable air?			◯ YES	○ NO		of Test 2:	
Is the means of access to and escape from the confined space acceptable?			○ YES	○ NO	OXYG		PASS/F/
Is breathing apparatus at hand and in good working order?			○ YES	○ NO		ON MONOXIDE	PASS/F/
s the safety line/tripod/	harness and any other bac	kup equipment to hand?	○ YES	○ NO		ON DIOXIDE	PASS/F/
Are adequate emergend	y arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA
s a trained and compet	ent standby person posted	at the point of entry?	YES	○ NO			
		EMERGENCY CO		)			
[					. [		
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		n and ensured that the necessary pr been explained to all workers invol				y out the work as de	fined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date:	
Company:		Permit Issuer:		Valid To:	Time:	Date:	
confirm that the activit	y has been completed, che	HANDBACK, RECEIPT AN			ion.		
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Organisation:		Permit Acceptor:		Mobile N	umber:		
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Job Details:		•					
Has a suitable ar	nd sufficient risk assessm	ent been undertaken for thi	s task?	FS O	NO	NB: The Managemer	ations 1999 (as
	atement been undertake		OY		five or more employees record the significant findings of assessmen		
	tests required prior to a		OY		identify those especially at rassessments and method structure of NO must be submitted to Estate		
		HAZARDS AND PR	ECAUTIONS	i		□ Development Depar works commencing.	unent in advance
Are all persons requi	iring entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Tes	ting Result
	ace been isolated from all conr		YES	○ NO	Time	of Test 1:	
Has the confined spa	ace been purged with air/wate	r/steam?	YES	○ NO	OXYG		PASS/F.
Has the confined spa	ace been electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F.
Has the confined space been mechanically isolated and locked off?			YES	○ NO	CARBO	ON DIOXIDE	PASS/F
Is the confined space below 30 Degrees Celsius on full cooling?			YES	○ NO	OTHE	R (SPECIFY)	PASS/F
Is the entrance and e	exit large enough to allow acce	ess and egress in an emergency?	YES	○ NO		_	
Is there are continuous supply of respirable air?			○ YES	○ NO		of Test 2:	DACC/E
Is the means of access to and escape from the confined space acceptable?			○ YES	○ NO	OXYG		PASS/F.
Is breathing apparatus at hand and in good working order?			○ YES	○ NO		ON MONOXIDE	PASS/F
Is the safety line/tripod/harness and any other backup equipment to hand?			YES	○ NO		ON DIOXIDE L	PASS/F/
Are adequate emerg	gency arrangements in place?		YES	○ YES ○ NO		R (SPECIFY)	F A33/17
Is a trained and com	petent standby person posted	at the point of entry?	○ YES	○ NO			
		EMERGENCY CO					
N		Desires 1	<u> </u>				
Name:		Position:		Cont	act:		
		AUTHORISATION AND	ACCEPTA	NCE			
		and ensured that the necessary pr been explained to all workers invol				y out the work as	defined above
Permit Acceptor:		Signature:		Valid From:	Time:	Date	2:
Company:		Permit Issuer:		Valid To:	Time:	Date	e:
confirm that the ac	tivity has been completed, che	HANDBACK, RECEIPT AN cked by myself and the area left see			tion.		
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	pt of this form having been info	ormed that the person tidy condition.	I am satisfied	that the activity h	as been co	mpleted in accor	dance with th

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Organisation:		Permit Acceptor:		Mobile N	umber:			
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Job Details:								
Hac a cuitable and c	ufficient rick assessm	ent been undertaken for thi	s task?	/ES O	NO	NB: The Management	tions 1999 (as	
	ment been undertake		s task:			five or more employees record the		
	ts required prior to a		0,	accomments and method st			nod statements Estates & Capital	
		HAZARDS AND PR	ECAUTION	<u>S</u>		works commencing.	nent in durance c	
Are all persons requiring	entry into the confined sp	pace trained and competent?	YES	○ NO	Atm	ospheric Test	ing Result	
	peen isolated from all conr	nected pipework?	YES	○ NO	Time	of Test 1:		
las the confined space b	een purged with air/wate	r/steam?	YES	○ NO	OXYG	EN	PASS/F/	
las the confined space b	een electrically isolated a	nd locked out?	YES	○ NO	CARBO	ON MONOXIDE	PASS/F/	
Has the confined space been mechanically isolated and locked off?			YES	○ NO	CARBO	ON DIOXIDE	PASS/F/	
Is the confined space below 30 Degrees Celsius on full cooling?			○ YES	○ NO	OTHE	R (SPECIFY)	PASS/F	
s the entrance and exit l	arge enough to allow acce	ess and egress in an emergency?	YES	○ NO				
Is there are continuous supply of respirable air?			○ YES	○ NO		of Test 2:	DACC/F/	
Is the means of access to and escape from the confined space acceptable?			YES	○ NO	OXYG		PASS/F/	
Is breathing apparatus at hand and in good working order?			YES	○ NO		ON MONOXIDE	_	
s the safety line/tripod/h	narness and any other bac	kup equipment to hand?	YES	○ NO		ON DIOXIDE	PASS/F/	
Are adequate emergency	y arrangements in place?		○ YES	○ NO	OTHE	R (SPECIFY)	PA33/FA	
s a trained and compete	nt standby person posted	at the point of entry?	YES	○ NO				
		EMERGENCY CO		)				
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Name:		Position:		Cont	act:			
		AUTHORISATION AND	ACCEPTA	NCE				
		and ensured that the necessary pr been explained to all workers invol				y out the work as o	defined above	
Permit Acceptor:		Signature:		Valid From:	Time:	Date		
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confirm that the activity	has been completed, che	HANDBACK, RECEIPT AN			ion.			
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	this form having been info a secure and in a safe and			I that the activity h		mpleted in accord		

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