	7	Гор С	opy : P	ermi	it Issue	er, Mi	ddle (Сору	:Se	curity	Bott	om C	ор	y : Per	mit A	cep	tor			
Aston Univer	sity				LO	W V	/OL1	ΓAG	ΕI	PERI	<u>MIT</u>				F	REF:	00	01		
Contractor:					Permit	Accep	tor:							Mobile	Numbe	er:				
Location:					Design	nation o	of Circui	it:						Area(s)	Affecte	d:				
Job Details:																				
Has a suitable and s	sufficier	nt risk	assessi	men	t beer	n unde	ertake	n for	this	s task?	○ YI	ES		$\bigcirc I$	NO	S. a fi	afety at Wo mended) re ve or more	rk Regulat quire that employee	of Health and ions 1999 (as organisation s record the	s ns with
Has a method state	ement b	een u	ınderta	ken 1	for thi	s task	?				○ YI	ES		01	NO	ic a: m D	dentify thos ssessments nust be sub	e especial and meth mitted to I t Departm	issessments y at risk. Risk od statemen Estates & Cap ient in adva	k nts pital
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ISOLATION.		Sto	ate isolation _i	point(s)	, whether	or not isol	lator(s) ha	s (have) b	een p	adlocked o	ff, fuses w	ithdrawn	1.							
WARNING NOTIC	CES:																			
PROVE APPARAT	US DEA		ate where Ca	ution/D	anger not	ices have	been post	ed.												
		Sto	ate what test	s have b	been made	e, where a	ınd with w	hat instru	ıment	s.										
EARTHING:																				
OTHER PRECAUT	TONS:	310	ate where ap	paratus	s nas been	eartnea a	ina, for tes	ung, wni	cn ear	tns may be	removea.	·								
		Spi	ecify if requir	red for s	pecial circ	umstance	25.													
			EN	ΛERC	GENC	Y CON	NTAC	[_(Per.	son	not in	olved	l in th	еи	ork)						
Name:					Positi	on:								Conta	act:					
					<u>AU</u>	THOR	ISATI	ON A	ND	ACCE	PTAN	ICE								
I hereby declare that the specified above is safe to			ions have	beer	n taken	and ma	ade kno	wn to	the	Compet	ent Per	son in	cha	irge of t	he work	. I co	nsider th	at the a	pparatus	
Permit Issuer:				Signa	ature:							Vali	id F	rom:	Time:			Date:		
I acknowledge receipt o Neither I or the workers will re-sign this permit o	under my	contro	ol will wo	rk on							itus. I	Vali	id 1	Го:	Time:			Date:		
Permit Acceptor:						Signa	nture:													
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I confirm that the activit	y has bee	n com	pleted, cl	hecke	d by m	yself ar	nd the a	rea lef	t sec	ure and	in a sa	fe and	tidy	/ condit	ion.					
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I acknowledge receipt o in charge has left the are							person										oleted in and tidy		ance with on.	i this
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Aston Univer	sity				LO	W\	/OL1	ΓAG	ΕI	PERM	<u> </u>				RE	F:	000	02		
Contractor:					Permit	: Accep	tor:						Mol	oile Nu	ımber:					
Location:					Design	nation (of Circui	it:					Area	a(s) Aff	ected	:				
Job Details:																				
Has a suitable and s	sufficier	nt risk	assessi	men	ıt beer	n und	ertake	n for	this	task?	○ YE	ĒS .	(ONC		Safe ame five	ety at Work ended) requ or more en	Regulati uire that nployees		s ns with
Has a method state	ment b	een u	ınderta	ken	for thi	s task	:?				○ YE	ES	() NO		ider asse mu: Dev	ntify those e essments ar st be submi	especially nd metho tted to E Departm	ssessments	k nts pital
							PRI	ECAU	TIC	<u>NS</u>										
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OTHER PRECAUT	TONS:	310	ate where ap	pparatu	s nas been	eartnea c	ana, for tes	ung, wni	cn ear	tns may be r	emovea.									
		Sp	ecify if requi	red for s	special circ	umstance	25.													
			<u>EN</u>	ΛER	GENC'	Y COI	NTAC	[_(Per.	son	not inv	olved	l in the	work)						
Name:					Positi	ion:							Coi	ntact:						
					<u>AU</u>	THOR	RISATI	ON A	ND	ACCE	PTAN	ICE								
I hereby declare that the specified above is safe to			ions have	e beer	n taken	and m	ade kno	own to	the (Compete	ent Per	son in c	tharge (of the v	work. I	cons	sider that	t the a _l	oparatus	
Permit Issuer:				Sign	ature:							Valid	d Fron	n: Tiı	me:			Date:		
I acknowledge receipt of Neither I or the workers will re-sign this permit o	under my	y contr	ol will wo	ork on							tus. I	Valid	d To:	Tiı	me:			Date:		
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I confirm that the activity	y has bee	en com	pleted, cl	hecke	ed by m	yself ar	nd the a	rea lef	t sec	ure and	in a saf	fe and t	idy con	dition.						
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Aston University		LOW	V VOLT	AGE	<u>PERM</u> I	<u>IT</u>		RE	F: 0	003
Contractor:		Permit Ac	ceptor:				Mobile	e Number:		
Location:		Designati	on of Circuit	:			Area(s) Affected:		
Job Details:										
Has a suitable and sufficient	risk assessmer	nt been u	ndertaker	for this	s task?	YES	0	NO	Safety at W amended) five or more	nagement of Health and ork Regulations 1999 (as require that organisations wit e employees record the
Has a method statement bee	n undertaken	for this t	ask?			YES	0	NO	identify the assessment must be su	findings of assessments and use especially at risk. Risk s: and method statements bmitted to Estates & Capital ent Department in advance of mencing.
			PRE	CAUTIO	<u>ONS</u>					
ISOLATION:										
ISOLATION.	State isolation point(s), whether or no	ot isolator(s) has ((have) been p	adlocked off, fu	ıses withdrawı	1.			
WARNING NOTICES:										
PROVE APPARATUS DEAD	State where Caution/	'Danger notices	have been posted	d.						
	State what tests have	been made, wh	nere and with who	at instrument	's.					
EARTHING:				1:1						
OTHER PRECAUTIONS:	State where apparate	is rius been eur c	neu unu, ioi testi	ng, wiich eu	aismay be tem	oved.				
	Specify if required for	special circums	tances.							
	EMER	GENCY C	CONTACT	_(Person	not invol	lved in th	e work)			
Name:		Position	n:				Cont	act:		
		AUTH	ORISATIO	ON AND	ACCEPT	TANCE				
I hereby declare that the above prec specified above is safe to work on.	autions have bee	n taken and	d made knov	vn to the	Competent	t Person in	charge of	the work. I	consider t	hat the apparatus
Permit Issuer:	Sigr	nature:				Val	id From:	Time:		Date:
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the workers	ontrol will work o					s. I Val	id To:	Time:		Date:
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I confirm that the activity has been o	completed, check	ed by myse	elf and the are	ea left sed	cure and in	a safe and	tidy condi	tion.		
Permit Acceptor:			Signatur	re:				Time:		Date:
	<u>URITY</u>	1.2						APITAL [
I acknowledge receipt of this permit in charge has left the area secure an										n accordance with this or condition.
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	,	Top C	opy : P	ermi	it Issue	er, Mi	ddle (Сору	: Se	curity	, Bott	om (Сор	y: Per	mit A	cep	tor			
Aston Univer	sity				LO	W V	/OL1	ΓAG	EΙ	PERI	<u>MIT</u>				F	REF:	00	04		
Contractor:					Permit	Accep	tor:							Mobile	Numbe	er:				
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Has a method state	ement k	oeen u	ınderta	ken f	for thi	s task	?				○ YI	ES		01	NO	ic a: m D	dentify thos ssessments nust be subi	e especial and meth mitted to I t Departm	issessments y at risk. Risk od statemen Estates & Cap ient in adva	k nts pital
							PRI	ECAU	ITIC	<u>ONS</u>								-		
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ISOLATION.		Sto	ate isolation _i	point(s)), whether	or not isol	lator(s) ha	s (have) l	oeen p	adlocked c	off, fuses w	vithdraw	n.							
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OTHER PRECAUT	TIONS:	310	ate where ap	paratus	s nus veen	earthead	ina, ior tes	ung, wiii	Cirear	uis may ve	removed	•								
		Sp	ecify if requir	red for s	pecial circ	umstance	25.													
			EN	ΛERC	GENC	Y CON	NTAC	「 _(Per	son	not in	volved	d in th	ne v	vork)						
Name:					Positi	on:								Conta	act:					
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I hereby declare that the specified above is safe to			ions have	beer	n taken	and ma	ade kno	wn to	the	Compet	tent Per	rson ir	n cha	arge of t	he work	. I coı	nsider th	at the a	pparatus	
Permit Issuer:				Signa	ature:							Val	lid I	From:	Time:			Date:		
I acknowledge receipt o Neither I or the workers will re-sign this permit o	under m	y contr	ol will wo	rk on							atus. I	Val	lid ⁻	Го:	Time:			Date:		
Permit Acceptor:						Signa	nture:													
										D CAN										
I confirm that the activit	ty has be	en com	pleted, cl	hecke	d by my	yself ar	nd the a	rea lef	t sec	ure and	l in a sa	fe and	l tid	y condit	ion.					
Permit Acceptor:							Signatu	ıre:							Time:			Date:		
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I acknowledge receipt o in charge has left the are							person										oleted in and tidy		ance with on.	this
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	T	ор С	opy : P	erm	it Issu	er, Mi	ddle (Сору	:Se	curity,	Bott	om C	ор	y : Per	mit A	cep	tor			
Aston Univers	sity				LO	<u>w </u>	/OL1	ΓAG	ΕI	PERM	<u>//II</u>				F	REF:	00	05		
Contractor:					Permit	Accep	tor:							Mobile	Numbe	er:				
Location:					Design	nation o	of Circui	it:						Area(s)	Affecte	d:				
Job Details:																				
Has a suitable and s	ufficien	t risk	assessi	men	t beer	n und	ertake	n for	this	task?	○ YI	ES		01	NO	S. a fi	afety at Wo mended) re ve or more	rk Regulat quire that employee	of Health and ions 1999 (as organisation s record the	s with
Has a method stater	ment be	en u	nderta	ken	for thi	s task	:?				○ YI	ES		01	NO	ic a: m D	dentify thos ssessments nust be sub	e especial and meth mitted to I t Departm	assessments a y at risk. Risk od statement Estates & Cap Jent in advar	ts oital
							<u>PRI</u>	ECAU	ITIC	<u>DNS</u>										
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ISOLATION.		Sta	ite isolation	point(s)), whether	or not iso	lator(s) ha	s (have) b	een p	adlocked o	ff, fuses w	rithdrawn	1.							
WARNING NOTICE	ES:																			
PROVE APPARATI	US DEAI		ate where Ca	ution/E	Danger not	ices have	been post	ed.												
		Sta	ite what test	ts have l	been made	e, where a	ınd with w	hat instru	ıment	S.										
EARTHING:							1.6													
OTHER PRECAUTI	ONS:	310	nte where ap	paratus	s nas been	earmea	una, ior tes	ung, will	Crrear	uis may be	removea.	•								
L		Spe	ecify if requir	red for s	special circ	umstance	25.													
			<u>EN</u>	ΛERG	GENC	Y COI	NTAC	[_(Per.	son	not in	olved	d in th	е и	vork)						
Name:					Positi	on:								Conta	act:					
					<u>AU</u>	THOF	RISATI	ON A	ND	ACCE	PTAN	ICE								
I hereby declare that the specified above is safe to			ons have	e beer	n taken	and m	ade kno	wn to	the	Compet	ent Per	rson in	cha	arge of t	he work	. I co	nsider th	at the a	pparatus	
Permit Issuer:				Sign	ature:							Vali	id F	rom:	Time:			Date:		
l acknowledge receipt of Neither I or the workers u will re-sign this permit or	under my	contro	ol will wo	rk on							tus. I	Vali	id 7	Го:	Time:			Date:		
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										D CAN										
I confirm that the activity	/ has beer	com	pleted, cl	hecke	ed by m	yself aı	nd the a	rea lef	t sec	ure and	in a sa	fe and	tidy	condit	ion.					
Permit Acceptor:							Signatu	ıre:							Time:			Date:		
		CUR															VELOF			.1.:
I acknowledge receipt of in charge has left the area							person										oleted in and tidy		ance with on.	this
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Aston University		LOW	/ VOLT	AGE I	PERMI'	Ţ	R	EF:	0006
Contractor:		Permit Ac	ceptor:				Mobile Numbe	r:	
Location:		Designation	on of Circuit				Area(s) Affected	d:	
Job Details:									
Has a suitable and sufficient r	isk assessmer	nt been u	ndertaker	for this	task?	YES	○ NO	Safe ame five	The Management of Health and ty at Work Regulations 1999 (as nded) require that organisations with or more employees record the
Has a method statement beer	n undertaken	for this t	ask?		С	YES	○ NO	iden asse mus Deve	ificant findings of assessments and tify those especially at risk. Risk ssments and method statements t be submitted to Estates & Capital elopment Department in advance of ss commencing.
			PRE	CAUTIO	<u>NS</u>				
ISOLATION:									
ISOLATION.	State isolation point(s	s), whether or no	ot isolator(s) has ((have) been po	adlocked off, fus	es withdrawn.			
WARNING NOTICES:									
PROVE APPARATUS DEAD:	State where Caution/	<u> </u>	· ·						
EARTHING:	State what tests have	been made, wh	ere and with who	at instruments	i.				
LAMITING.	State where apparatu	ıs has been eart	hed and, for testi	ng, which ear	ths may be remo	oved.			
OTHER PRECAUTIONS:									
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	EMER	GENCY C	ONTACT	(Person	not involv	red in the v	work)		
Name:		Position	:				Contact:		
		AUTH	ORISATIO	ON AND	ACCEPT	ANCE			
I hereby declare that the above precaspecified above is safe to work on.	autions have bee	n taken and	d made knov	vn to the (Competent	Person in ch	arge of the work.	l cons	ider that the apparatus
Permit Issuer:	Sign	nature:				Valid	From: Time:		Date:
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work or					Valid	To: Time:		Date:
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I confirm that the activity has been co	ompleted, check	ed by myse	If and the ar	ea left sec	ure and in a	safe and tid	y condition.		
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	<u>JRITY</u>	1.0			Law et 6		S & CAPITAL		
I acknowledge receipt of this permit in charge has left the area secure and									eted in accordance with this d tidy condition.
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Aston Universi	ty		LO	W VOLT	AGE	PERM	<u>IIT</u>			RE	F:	0007	
Contractor:			Permit .	Acceptor:					Mobile	Number:			
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Job Details:													
Has a suitable and suf	fficient risl	k assessmei	nt been	undertaker	n for th	is task?	○ YE	S	01	NO	Safe ame five	or more employee	ions 1999 (as organisations with s record the
Has a method statem	ent been i	undertaken	for this	s task?			○ YE	S	01	NO	iden asse mus Deve	ificant findings of a tify those especiall ssments and meth t be submitted to le elopment Departm ss commencing.	y at risk. Risk od statements
				PRE	CAUTI	<u>ONS</u>							
ISOLATION:													
ISOLATION.	Si	tate isolation point	(s), whether o	r not isolator(s) has	(have) been	padlocked off,	fuses wit	hdrawn.					
WARNING NOTICES	S: [
PROVE APPARATUS		tate where Caution,	/Danger notio	ces have been poste	d.								
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OTHER PRECAUTIO					<u> </u>	<u> </u>							
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		EMER	GENCY	CONTACT	_(Persoi	n not invo	olved	in the v	vork)				
Name:			Position	on:					Conta	nct:			
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I hereby declare that the al specified above is safe to w		tions have bee	en taken a	and made knov	wn to the	e Compete	nt Pers	on in ch	arge of t	he work. I	consi	ider that the a	pparatus
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I acknowledge receipt of th Neither I or the workers un will re-sign this permit onc	der my cont	rol will work o					us. I	Valid	То:	Time:		Date:	
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I confirm that the activity h	as been com	npleted, check	ed by my	self and the ar	ea left se	ecure and i	n a safe	e and tid	y condit	ion.			
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I acknowledge receipt of the in charge has left the areas												eted in accorda d tidy condition	ance with this on.
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Aston University		LOW	/ VOLT	AGE	<u>PERM</u> I	<u>IT</u>		RE	F:	8000	
Contractor:		Permit Ac	ceptor:				Mobil	e Number:			
Location:		Designation	on of Circuit	:			Area(s	s) Affected:			
Job Details:											
Has a suitable and sufficient r	isk assessmer	nt been u	ndertaker	for this	s task?	YES	0	NO	Safety amend five or	more employees	ns 1999 (as rganisations with record the
Has a method statement bee	n undertaken	for this to	ask?			YES	0	NO	identify assessr must b Develo	cant findings of as y those especially ments and metho be submitted to Es opment Departme commencing.	at risk. Risk d statements tates & Capital
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ISOLATION:											
ISOLATION.	State isolation point(s), whether or no	ot isolator(s) has	(have) been p	adlocked off, fu	ıses withdrawı	າ.				
WARNING NOTICES:											
PROVE APPARATUS DEAD:	State where Caution/	Danger notices	have been posted	d.							
	State what tests have	been made, wh	ere and with who	at instrument	's.						
EARTHING:				1:1							
OTHER PRECAUTIONS:	State where apparatu	s nus been euro	lea ana, for testi	ng, wiich eu	aismay be tem	oved.					
	Specify if required for										
	EMER	GENCY C	ONTACT	_(Person	not invol	lved in th	e work)				
Name:		Position	:				Cont	act:			
		AUTH	ORISATIO	ON AND	ACCEPT	TANCE					
I hereby declare that the above precaspecified above is safe to work on.	autions have bee	n taken and	d made knov	vn to the	Competent	t Person in	charge of	the work. I	consid	er that the ap	paratus
Permit Issuer:	Sigr	nature:				Val	id From:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work o					s. I Val	id To:	Time:		Date:	
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I confirm that the activity has been co	ompleted, check	ed by myse	If and the ar	ea left sed	cure and in	a safe and	tidy condi	tion.			
Permit Acceptor:			Signatur	re:				Time:		Date:	
	<u>URITY</u>	1								LOPMENT	***
I acknowledge receipt of this permit in charge has left the area secure and										ed in accorda tidy conditio	
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Aston University		LOW	/ VOLT	AGE	<u>PERM</u> I	<u>IT</u>		RE	F: 0	009	
Contractor:		Permit Ac	ceptor:				Mobile	e Number:			
Location:		Designation	on of Circuit	:			Area(s) Affected:			
Job Details:											
Has a suitable and sufficient r	isk assessmer	nt been u	ndertaker	for this	s task?	YES	0	NO	Safety at W amended) five or mor	anagement of Heal Jork Regulations 19 require that organ re employees recor	999 (as isations with d the
Has a method statement bee	n undertaken	for this to	ask?			YES	0	NO	assessmen must be su	findings of assessnose especially at ris ts and method stat bmitted to Estates ent Department in imencing.	k. Risk tements & Capital
			PRE	CAUTIO	<u>ONS</u>						
ISOLATION:											
ISOLATION.	State isolation point(s), whether or no	ot isolator(s) has	(have) been p	adlocked off, fu	ıses withdrawı	1.				
WARNING NOTICES:											
PROVE APPARATUS DEAD:	State where Caution/	Danger notices	have been poste	d.							
	State what tests have	been made, wh	ere and with who	at instrument	's.						
EARTHING:				1:1							
OTHER PRECAUTIONS:	State where apparatu	s nus been euro	lea aria, for testi	ng, wiich eu	aismay be tem	oved.					
	Specify if required for	special circums	tances.								
	EMER	GENCY C	ONTACT	_(Person	not invol	lved in th	e work)				
Name:		Position	:				Cont	act:			
		AUTH	ORISATIO	ON AND	ACCEPT	TANCE					
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Contractor:		Permit Ac	cceptor:					Mobile	Number:	:		
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Aston University		LOW	/ VOLT	AGE	<u>PERM</u>	<u>IT</u>			RE	F:	0030	
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Name:		Position:						Conta	ıct:			
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OTHER PRECAUTIONS:										
	Specify if required fo	or special circum	nstances.							
	EMEI	RGENCY	CONTACT	(Person I	not involve	d in the v	vork)			
Name:		Positio	n:				Contact:			
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I hereby declare that the above pr specified above is safe to work on		en taken ar	nd made knov	vn to the C	ompetent Pe	erson in ch	arge of the work.	l consic	der that the apparatus	
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Aston University		LOV	V VOLT	AGE	PERM	<u>IT</u>			RE	F:	0053	
Contractor:		Permit Ad	cceptor:					Mobile	Number			
Location:		Designati	ion of Circuit	:				Area(s)	Affected	:		
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	State where apparat	us has been ear	thed and, for testi	ng, which ea	rths may be ren	noved.						
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	EMEF	RGENCY	CONTACT	(Person	not invo	lved in	the v	vork)				
Name:		Position	า:					Conta	ict:			
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Permit Issuer:	Sign	nature:				V	alid	From:	Time:		Date:	
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will re-sign this permit once the wo	rk is completed.											
Permit Acceptor:		s	ignature:									
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Permit Acceptor:			Signatur	e:					Time:		Date:	
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I acknowledge receipt of this perm in charge has left the area secure a											eted in accorda d tidy condition	
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Aston University		LOW	VOLT	AGE	PERM	<u>IT</u>			RE	F:	0054	
Contractor:		Permit Ac	ceptor:					Mobile	Number			
Location:		Designati	on of Circuit	:				Area(s)	Affected	:		
Job Details:												
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Has a method statement bee	n undertaken	for this t	ask?		() YE:	S	<u> </u>	10	iden asse mus Deve	ificant findings of a tify those especial ssments and meth t be submitted to le elopment Departn ss commencing.	y at risk. Risk od statements
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	EMER	GENCY C	ONTACT	_(Persor	not invo	olved	in the v	vork)				
Name:		Position	n:					Conta	ıct:			
		AUTH	ORISATIO	ON AND	O ACCEP	TAN	<u>CE</u>					
I hereby declare that the above precispecified above is safe to work on.	autions have bee	n taken and	d made knov	vn to the	Competer	nt Pers	on in ch	arge of t	he work.	l consi	ider that the a	pparatus
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I confirm that the activity has been c	ompleted, check	ed by myse	If and the ar	ea left se	cure and ir	n a safe	and tid	y conditi	on.			
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I acknowledge receipt of this permit in charge has left the area secure and											eted in accorda d tidy condition	ance with this on.
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Aston University		LOV	W VOLT	AGE P	<u>ERMIT</u>			REI	F: 00)55	
Contractor:		Permit A	cceptor:				Mobile N	lumber:			
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Job Details:											
Has a suitable and sufficient r	isk assessmer	nt been ເ	undertaken	for this t	ask? YE	S	○ No)	\sqcup five or more	rk Regulation equire that or employees r	ns 1999 (as ganisations with ecord the
Has a method statement bee	n undertaken	for this	task?		○ YE	S	○ No)	identify thos assessments must be sub	e especially a and method mitted to Est nt Departmer	
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	EMER	RGENCY	CONTACT	(Person n	ot involved	in the v	work)				
Name:		Positio	n:				Contac	t:			
		AUTI	HORISATIO	N AND A	CCEPTAN	<u>CE</u>					
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Aston Univ	ersity				LO	W V	OL1	ΓAG	EF	PERM	<u>IIT</u>				RI	ĒF:	00	56		
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							PRI	ECAU	TIO	<u>NS</u>										
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		Sp	ecify if requi	red for s	pecial circ	umstance	5.													
			EΛ	ΛERO	GENC'	Y CON	NTACT	[_(Pers	on	not inv	olvea	l in the	work	()						
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Permit Issuer:				Signa	ature:							Valid	d Fror	n: T	ime:			Date:		
I acknowledge receip Neither I or the work will re-sign this perm	ers under m	ny contr	ol will wo	rk on							us. I	Valid	d To:	Т	ime:			Date:		
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Aston Univers	ity		LO	W VOLT	AGE	PERM	<u>IT</u>			RE	F:	0057	
Contractor:			Permit	Acceptor:					Mobile	Number			
Location:			Design	ation of Circuit	:				Area(s)	Affected	:		
Job Details:													
Has a suitable and su	ıfficient ris	k assessme	nt beer	undertaker	n for thi	is task?) YE	S	\bigcirc I	NO	Safe ame five	or more employee	ions 1999 (as organisations with s record the
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OTHER PRECAUTIO					<u> </u>								
	5	pecify if required fo	or special circu	umstances.									
		EME	RGENC	CONTACT	_(Persor	n not invo	lved	in the v	vork)				
Name:			Positi	on:					Conta	ict:			
			<u>AU</u>	THORISATION	ON ANI	D ACCEP	TAN	<u>CE</u>					
I hereby declare that the a specified above is safe to		tions have be	en taken	and made knov	wn to the	Competer	nt Pers	on in ch	arge of t	he work.	l consi	ider that the a	pparatus
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			HANDI	BACK, RECE	IPT AN	ID CANC	ELLA	TION					
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Ladraculadores	SECUI		over a dist	at the second		law - ''						ELOPMEN	
I acknowledge receipt of t in charge has left the area												eted in accorda d tidy condition	ance with this on.
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Aston University		LOW	/ VOLT	AGE F	PERMIT	-	R	EF:	0058
Contractor:		Permit Aco	ceptor:				Mobile Number	r:	
Location:		Designation	on of Circuit	:			Area(s) Affected	d:	
Job Details:									
Has a suitable and sufficier	nt risk assessme	nt been ui	ndertaker	for this	task?	YES	ONO	Safet amer five o	The Management of Health and ty at Work Regulations 1999 (as nded) require that organisations w or more employees record the
Has a method statement b	een undertaker	n for this ta	ask?		0,	YES	○ NO	ident asses must Deve	ficant findings of assessments and tify those especially at risk. Risk assments and method statements the submitted to Estates & Capita elopment Department in advance as commencing.
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WARNING NOTICES:									
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PROVE APPARATUS DEA									
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Name:		Position	:				Contact:		
		AUTH	ORISATIO	ON AND	ACCEPTA	NCE			
I hereby declare that the above p specified above is safe to work or		en taken and	l made knov	vn to the C	Competent Po	erson in ch	arge of the work.	l consi	der that the apparatus
Permit Issuer:	Sig	nature:				Valid	From: Time:		Date:
I acknowledge receipt of this peri Neither I or the workers under my						Valid ⁻			Date:
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I confirm that the activity has bee	n completed, check	ked by mysel	f and the ar	ea left seci	ure and in a s	afe and tid	y condition.		
Permit Acceptor:			Signatur	e:			Time:		Date:
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Aston University	,	LOV	V VOLT	AGE P	<u>ERMIT</u>		R	EF:	0059	
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Name:		Position	n:				Contact:			
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Aston University		LOV	V VOLT	AGE	PERM	<u>IT</u>			RE	F:	0060	
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Has a method statement bee	n undertaken	for this t	ask?			YES	S	<u> </u>	VO	ident asses must Deve	ificant findings of a tify those especiall ssments and meth t be submitted to le elopment Departm ss commencing.	y at risk. Risk od statements states & Capital
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I acknowledge receipt of this permit in charge has left the area secure and											ted in accorda d tidy condition	
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Aston University		LOW	VOLT	AGE	PERM!	<u>IT</u>			RE	F:	0061	
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	State where Caution	/Danger notices	have been posted	d.								
PROVE APPARATUS DEAD												
EARTHING:	State what tests hav	e been made, wh	nere and with who	at instrumen	ts.							
LARTHING.	State where apparat	us has been eart	hed and, for testi	ng, which ea	rths may be ren	noved.						
OTHER PRECAUTIONS:												
	Specify if required fo	r special circums	tances.									
	EMEF	RGENCY C	CONTACT	_(Person	not invo	lved in	the v	vork)				
Name:		Position	n:					Conta	ict:			
		AUTH	ORISATIO	ON AND	ACCEP1	TANCI						
I hereby declare that the above pre specified above is safe to work on.	cautions have be	en taken and	d made knov	vn to the	Competen	t Persor	in ch	arge of t	he work.	cons	ider that the a	pparatus
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I acknowledge receipt of this perm Neither I or the workers under my						<u> </u>	/alid		Time:		Date:	
will re-sign this permit once the wo		,										
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			CK, RECE									
I confirm that the activity has been	completed, check	ed by myse	If and the ar	ea left sed	cure and in	a safe a	nd tid	y condit	ion.			
Permit Acceptor:			Signatur	re:					Time:		Date:	
	CURITY										ELOPMENT	
I acknowledge receipt of this perm in charge has left the area secure a											eted in accorda d tidy condition	
Ті	me:	Date:							Time:		Date:	

Т	op Copy : Per	mit Issue	er, Middle C	opy:Sec	urity, <mark>Botto</mark>	om Cop	y: Permit	Accep	tor
Aston University		LO	W VOLT	AGE P	<u>ERMIT</u>			REF:	0062
Contractor:		Permit	Acceptor:				Mobile Num	nber:	
Location:		Design	ation of Circuit:				Area(s) Affe	cted:	
Job Details:									
Has a suitable and sufficien	t risk assessm	ent been	undertaken	for this 1	ask? \(\) YE	:S	○ NO	S. a fi	IB: The Management of Health and afety at Work Regulations 1999 (as mended) require that organisations with we or more employees record the
Has a method statement be	een undertake	en for this	s task?		○ YE	S	○ NO	ic a: m D	ignificant findings of assessments and dentify those especially at risk. Risk ssessments and method statements nust be submitted to Estates & Capital evelopment Department in advance of looks commencing.
			PRE	CAUTIO	<u>NS</u>				
ISOLATION:									
ISOLATION.	State isolation pol	nt(s), whether c	or not isolator(s) has ('have) been paa	locked off, fuses wi	thdrawn.			
WARNING NOTICES:									
	State where Cauti	on/Danger noti	ces have been posted	i.					
PROVE APPARATUS DEA	D:								
FADTI IING.	State what tests h	ave been made,	, where and with who	at instruments.					1
EARTHING:	State where appa	ratus has been e	earthed and, for testin	na. which earth	s mav be removed.				
OTHER PRECAUTIONS:									
	Specify if required	for special circu	ımstances.						
	<u>EME</u>	RGENCY	CONTACT	(Person n	ot involved	in the v	vork)		
Name:		Positi	on:				Contact:		
		<u>AU1</u>	THORISATIO	ON AND	ACCEPTAN	<u>CE</u>			
I hereby declare that the above pr specified above is safe to work on		een taken a	and made knov	vn to the Co	ompetent Pers	son in ch	arge of the w	ork. I co	nsider that the apparatus
Permit Issuer:	Si	gnature:				Valid	From: Tim	e:	Date:
I acknowledge receipt of this perm Neither I or the workers under my will re-sign this permit once the w	control will work	on any oth				Valid	To: Tim	e:	Date:
Permit Acceptor:			Signature:						
		HANDE	BACK, RECE	IPT AND	CANCELLA	ATION			
I confirm that the activity has been	n completed, che						y condition.		
Permit Acceptor:			Signatur	e:			Tim	e:	Date:
SE	CURITY				E	STATE	S & CAPIT	AL DE	VELOPMENT
I acknowledge receipt of this pern in charge has left the area secure a									oleted in accordance with this and tidy condition.
1	īme:	Date:					Tim	e:	Date:

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Aston University		LOV	V VOLT	AGE	<u>PERM</u>	<u>IT</u>			RE	F:	0063	
Contractor:		Permit Ad	cceptor:					Mobile	Number			
Location:		Designat	ion of Circuit	:				Area(s)	Affected	: [
Job Details:												
Has a suitable and sufficient r	isk assessmer	nt been u	ındertaker	n for thi	s task?	YES		\bigcirc I	NO	Safe ame five	or more employee	ions 1999 (as organisations with s record the
Has a method statement bee	n undertaken	for this t	task?			YES		$\bigcirc I$	VO	iden asse mus Deve	ificant findings of a utify those especial assments and meth t be submitted to lelopment Departments commencing.	y at risk. Risk od statements
			PRE	CAUTIO	<u>ONS</u>						-	
ISOLATION:												
ISOLATION.	State isolation point(s), whether or n	not isolator(s) has	(have) been p	oadlocked off, f	uses withdro	awn.					
WARNING NOTICES:												
PROVE APPARATUS DEAD:	State where Caution/	Danger notices	s have been posted	d.								
	State what tests have	been made, w	here and with who	at instrumen	ts.							
EARTHING:	State where apparatu	us has been ear	athed and for torti	na which as	rthe may be ren	a ayad						
OTHER PRECAUTIONS:	state where apparate	is not been car	area and, for testin	, which ca	ansmay oc ren	ioveu.						
	Specify if required for											
	EMER	GENCY (CONTACT	_(Person	not invo	lved in	the v	vork)				
Name:		Position	n:					Conta	ict:			
		AUTH	IORISATIO	ON AND	ACCEP.	TANCE						
I hereby declare that the above prec specified above is safe to work on.	autions have bee	n taken an	d made knov	vn to the	Competen	t Person	in ch	arge of t	he work.	l cons	ider that the a	pparatus
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I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work o					s. I	alid	То:	Time:		Date:	
Permit Acceptor:		S	ignature:									
			ACK, RECE									
I confirm that the activity has been c	ompleted, check	ed by myse	elf and the ar	ea left se	cure and in	a safe aı	nd tid	y conditi	ion.			
Permit Acceptor:			Signatur	re:					Time:		Date:	
	<u>URITY</u>	1.71	4h a								ELOPMEN [*]	
I acknowledge receipt of this permit in charge has left the area secure and											eted in accorda d tidy condition	ance with this on.
Tim	e:	Date:							Time:		Date:	

То	p Copy : Perm	nit Issuer,	Middle C	opy : Se	ecurity, B	otton	n Cop	y: Per	mit Acc	epto	or 	
Aston University		LOV	V VOLT	AGE	<u>PERM</u>	<u>IT</u>			RE	F:	0064	
Contractor:		Permit Ac	cceptor:					Mobile	Number			
Location:		Designati	on of Circuit	:				Area(s)	Affected	: [
Job Details:												
Has a suitable and sufficient i	risk assessmer	nt been u	ndertaker	n for thi	s task?	YES		01	NO	Safe ame five	or more employee	ions 1999 (as organisations with s record the
Has a method statement bee	n undertaken	for this t	ask?		(YES		01	10	iden asse mus Deve	ificant findings of a tify those especiall ssments and meth t be submitted to le elopment Departm ss commencing.	y at risk. Risk od statements
			PRE	CAUTIO	<u>ONS</u>						<u> </u>	
ISOLATION:												
ISOLATION.	State isolation point(s), whether or n	ot isolator(s) has	(have) been p	oadlocked off, f	uses withd	rawn.					
WARNING NOTICES:												
PROVE APPARATUS DEAD:	State where Caution/	'Danger notices	have been poste	d.								
	State what tests have	e been made, wl	here and with who	at instrumen	ts.							
EARTHING:												
OTHER PRECAUTIONS:	State where apparate	us nus been eun	inea ana, ioi testi	mg, wnich eu	ruis may be ren	noveu.						
	Specify if required for	-										
	EMER	GENCY	CONTACT	_(Person	not invo	lved in	the v	vork)				
Name:		Position	n:					Conta	ict:			
		AUTH	IORISATIO	ON AND	ACCEP'	TANC	E					
I hereby declare that the above prec specified above is safe to work on.	autions have bee	en taken and	d made knov	vn to the	Competen	t Persoi	n in ch	arge of t	he work.	l cons	ider that the a	pparatus
Permit Issuer:	Sigr	nature:					/alid	From:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the wor	ontrol will work o					s. I	/alid	То:	Time:		Date:	
Permit Acceptor:		S	ignature:									
			CK, RECE									
I confirm that the activity has been o	ompleted, check	ed by myse	elf and the ar	ea left se	cure and in	a safe a	and tid	y condit	ion.			
Permit Acceptor:			Signatu	re:					Time:		Date:	
	<u>URITY</u>	1.1	Al III								ELOPMEN ¹	
I acknowledge receipt of this permit in charge has left the area secure an											eted in accorda d tidy condition	ance with this on.
Tim	ne:	Date:							Time:		Date:	

		Top C	opy : P	ermi	t Issue	er, Midd	le C	opy:	Secu	ırity, <mark>B</mark>	otto	om Co	py: Pe	rmit Ac	cep	tor		
Aston Unive	ersity				LO	w vc)LT	AGE	PI	<u>ERMI</u>	<u>T</u>			F	REF:	00	65	
Contractor:					Permit	Acceptor	:						Mobile	e Numbe	er:			
Location:					Design	ation of C	ircuit	:					Area(s) Affecte	d:			
Job Details:																		
Has a suitable and	d sufficie	nt risk	assessi	ment	t been	undert	aker	n for th	nis ta	ask?) YE	S	0	NO	Sa ar fiv	afety at Worl mended) red ve or more e	k Regulati quire that employee:	
Has a method sta	itement l	been u	ınderta	ken f	or this	s task?) YE	:S	0	NO	id as m D	entify those ssessments a just be subn	especiall and meth nitted to E Departm	ssessments and y at risk. Risk od statements states & Capital ent in advance
							PRE	CAUTI	ION	<u> S</u>								
ISOLATION:																		
ISOLATION.		Sto	ate isolation	point(s),	whether o	or not isolator	(s) has	(have) beer	n padlo	ocked off, fu	ses wit	thdrawn.						
WARNING NOT	TICES:																	
PROVE APPARA	ATUS DE		ate where Ca	ution/Do	anger noti	ces have bee	n posted	d.										
		L	ate what test	ts have b	een made,	. where and v	vith who	at instrume	ents.									
EARTHING:		Str	ate where ap	naratus	has heen i	earthed and	for testi	na which e	parths	may he rem	oved							
OTHER PRECAU	JTIONS:																	
		Sp	ecify if requir	red for sp	oecial circu	ımstances.												
			EN	ΛERG	SENCY	CONT	ACT	_(Perso	n no	ot invol	ved	in the	work)					
Name:					Positi	on:							Cont	act:				
					<u>AU1</u>	HORIS	ATIC	ON AN	D A	CCEP1	AN	<u>CE</u>						
I hereby declare that specified above is safe			ions have	been	taken a	and made	knov	vn to the	e Co	mpetent	Pers	son in c	harge of	the work	. I cor	nsider tha	at the a	pparatus
Permit Issuer:				Signa	nture:							Valid	From:	Time:			Date:	
I acknowledge receip Neither I or the worke will re-sign this permi	ers under m	ny contr	ol will wo	rk on							s. I	Valid	То:	Time:			Date:	
Permit Acceptor:						Signatur	e:											
				<u>H</u>	ANDE	BACK, R	ECE	IPT AN	ND (CANCE	LLA	ATION						
I confirm that the acti	vity has be	en com	pleted, cl	hecked	d by my	self and t	he ar	ea left se	ecure	e and in	a saf	e and ti	dy condi	tion.				
Permit Acceptor:						Sig	natur	e:						Time:			Date:	
Lacknowledge		rmit hav		inf-	med #	at tha == ==			J.a	m cation						VELOP		
I acknowledge receip in charge has left the							son									and tidy o		ance with th on.
		Time:			Date:									Time:			Date:	

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Aston Universi	ity		LC	OM NOF.	TAGE	PERM	<u>NIT</u>			RE	F:	0066	
Contractor:			Permi	it Acceptor:					Mobile	Number			
Location:			Desig	nation of Circu	it:				Area(s)	Affected	: [
Job Details:													
Has a suitable and su	fficient ris	sk assessn	nent bee	n undertake	n for th	nis task?	○ YE	:S	\bigcirc I	NO	Safe ame five	or more employee	ions 1999 (as organisations with s record the
Has a method statem	ent been	undertak	en for th	is task?			○ YE	S	<u> </u>	10	iden asse mus Deve	ificant findings of a utify those especial essments and meth t be submitted to elopment Departn ks commencing.	ly at risk. Risk od statements
				<u>PR</u>	ECAUT	<u>IONS</u>							
ISOLATION:													
ISOLATION.	[:	State isolation p	ooint(s), whethe	er or not isolator(s) ha	ıs (have) beer	n padlocked off,	fuses wit	thdrawn.					
WARNING NOTICES	S:												
PROVE APPARATU		State where Cau	ution/Danger no	otices have been pos	ted.								
	[:	State what tests	have been mad	de, where and with w	hat instrume	ents.							
EARTHING:		S											
OTHER PRECAUTIO		state where upp	aratus mus oce	n earthed and, for te	ang, winerie	eurins may be n	- Inoveu.						
	[Specify if require	ed for special cir	rcumstances.									
		<u>EM</u>	IERGENC	CY CONTAC	<u>T</u> (Perso	n not inv	olved	in the v	vork)				
Name:			Posit	tion:					Conta	ict:			
			AU	THORISAT	ON AN	D ACCE	PTAN	CE					
I hereby declare that the a specified above is safe to v		utions have	been taker	n and made kno	own to th	e Compete	nt Pers	son in ch	arge of t	he work.	l cons	ider that the a	pparatus
Permit Issuer:			Signature:					Valid	From:	Time:		Date:	
I acknowledge receipt of the Neither I or the workers unwill re-sign this permit once	der my con	trol will wor	rk on any o				us. I	Valid	То:	Time:		Date:	
Permit Acceptor:				Signature:									
				BACK, REC									
I confirm that the activity h	nas been cor	mpleted, ch	ecked by n	nyself and the a	area left s	ecure and i	n a saf	e and tid	y conditi	ion.			
Permit Acceptor:				Signati	ure:					Time:		Date:	
Looking and a discount of the College	<u>SECU</u>		info	has strain		lara e						ELOPMEN	
I acknowledge receipt of the in charge has left the area												eted in according tidy condition	ance with this on.
	Time	:	Date:							Time:		Date:	

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Aston Univ	ersity			<u>LC</u>)W VC)LT/	AGE	PERM	<u>IT</u>			R	EF:	0067	
Contractor:				Permi	t Acceptor	: [Mobile	Numbei	:		
Location:				Desig	nation of C	ircuit:					Area(s)	Affected	ı:		
Job Details:															
Has a suitable a	nd sufficie	ent risk	assessm	ent bee	n undert	aken	for th	is task?	YE	S		NO	Safe ame	The Management the set Work Regulended) require the or more employ	lations 1999 (as at organisations v
Has a method si	tatement	been ι	undertake	en for th	is task?			(YE	S	01	NO	ider asse mu: Dev	ntify those espec essments and me st be submitted	thod statements o Estates & Capital tment in advance
						PREC	AUTI	ONS					WOI	ins commencing	
1001 171011		Γ													
ISOLATION:		 Cr	ata isolation no	int(s) whatha	or not isolator	r(s) has (h	aya) baan	padlocked off, fi	ucoc wit	thdrawn					
WARNING NO	OTICES:	31	ate isolation po	mi(s), whether	or not isolator	(s) rius (ri	iave) been	рааюскей оп, п	uses wii	marawn.					
WAITING NO	TICLS.	St	ate where Cauti	on/Danger no	tices have bee	n posted.									
PROVE APPAI	RATUS DE	AD:													
EARTHING:		St	ate what tests h	ave been maa	le, where and v	vith what	t instrumei	nts.							
EARTHING:		St	ate where appa	ratus has beer	earthed and.	for testin	a. which e	arths may be ren	noved.						
OTHER PRECA	AUTIONS:						-								
		Sp	ecify if required	-											
			EME	RGENC	Y CONT	ACT ((Persoi	n not invo	lved	in the	work)				
Name:				Posit	ion:						Conta	act:			
				<u>AU</u>	THORIS	ATIO	N AN	D ACCEP	TAN	<u>CE</u>					
I hereby declare that specified above is sa			ions have b	een taken	and made	know	n to the	· Competen	t Pers	on in ch	narge of t	he work.	l cons	sider that the	apparatus
Permit Issuer:			Si	gnature:						Valid	From:	Time:		Dat	e:
I acknowledge rece Neither I or the wor will re-sign this perr	kers under r	ny contr	ol will work	on any ot					s. I	Valid	To:	Time:		Dat	2:
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I confirm that the ac	ctivity has be	een com	pleted, che								dy condit	ion.			
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	3	SECUR	<u>ITY</u>						E	STAT	ES & CA	PITAL	DEV	ELOPME	<u>IT</u>
I acknowledge recein charge has left th						son								eted in accor nd tidy condi	dance with th tion.
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Aston Univers	ity		LO	W VOLT	AGE	PERM	<u>IIT</u>			RE	F:	0068	
Contractor:			Permit	Acceptor:					Mobile	Number	:		
Location:			Design	ation of Circuit	:				Area(s)	Affected	:		
Job Details:													
Has a suitable and su	ıfficient ris	k assessme	nt been	ı undertaker	n for thi	is task?	○ YE	S	01	NO	Safet ame five o	or more employee	ions 1999 (as organisations with s record the
Has a method staten	nent been	undertakei	n for thi	s task?			○ YE	S	01	VO	iden asses must Deve	ificant findings of a tify those especiall ssments and meth t be submitted to le elopment Departm ss commencing.	y at risk. Risk od statements
				PRE	CAUTI	<u>ONS</u>							
ISOLATION:	Γ												
ISOLATION.		itate isolation poin	t(s), whether o	or not isolator(s) has	(have) been	padlocked off,	fuses wit	hdrawn.					
WARNING NOTICE	S:												
PROVE APPARATU		tate where Caution	n/Danger not	ices have been poste	d.								
	5	tate what tests ha	ve been made	, where and with wh	at instrumer	nts.							
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OTHER PRECAUTION		ине и пете ирриги	itus nus been	earthed and, for test	mg, which ec	artis may be re	moveu.						
		pecify if required fo	or special circ	umstances.									
		EME	RGENC	Y CONTACT	_(Persor	n not invo	olved	in the v	vork)				
Name:			Positi	on:					Conta	ict:			
			AU	THORISATION	ON ANI	D ACCEP	TAN	CE					
I hereby declare that the a specified above is safe to		tions have be	en taken	and made know	wn to the	e Compete	nt Pers	on in ch	arge of t	he work.	l consi	ider that the a	pparatus
Permit Issuer:		Sig	ınature:					Valid	From:	Time:		Date:	
I acknowledge receipt of t Neither I or the workers u will re-sign this permit on	nder my cont	rol will work					us. I	Valid	То:	Time:		Date:	
Permit Acceptor:				Signature:									
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I confirm that the activity	has been cor	npleted, chec	ked by my	yself and the ar	ea left se	cure and ii	n a safe	e and tid	y condit	ion.			
Permit Acceptor:				Signatu	re:					Time:		Date:	
Ladward L	SECU											ELOPMEN1	
I acknowledge receipt of t in charge has left the area												ted in accorda d tidy condition	ance with this on.
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Aston Universi	ty		LO	W VOLT	AGE	PERM	<u>IIT</u>			RE	F:	0069	
Contractor:			Permit	Acceptor:					Mobile	Number			
Location:			Design	nation of Circuit	t:				Area(s)	Affected	: [
Job Details:													
Has a suitable and suf	ficient ris	k assessme	ent beer	n undertakei	n for th	is task?	○ YE	S	01	NO	Safe ame five	or more employee	ions 1999 (as organisations with s record the
Has a method stateme	ent been	undertake	n for thi	s task?			○ YE	S	01	NO	iden asse mus Dev	ificant findings of a utify those especiall essments and meth t be submitted to le elopment Departments commencing.	y at risk. Risk od statements
				PRE	CAUTI	<u>ONS</u>							
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ISOLATION.	S	tate isolation poir	nt(s), whether	or not isolator(s) has	(have) been	padlocked off,	fuses wit	hdrawn.					
WARNING NOTICES	S: [
PROVE APPARATUS	Г	tate where Cautio	n/Danger not	tices have been poste	rd.								
	S	tate what tests ha	ve been made	e, where and with wh	at instrumer	nts.							
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OTHER PRECAUTIO		tate wnere appare	atus nas been	earthed and, for test	ing, wnich e	artns may be re	emovea.						
	S	pecify if required f	or special circ	umstances.									
		EME	RGENC	Y CONTACT	_(Persoi	n not invo	olved	in the v	vork)				
Name:			Positi	ion:					Conta	ict:			
			<u>AU</u>	THORISATION	ON AN	D ACCEP	TAN	<u>CE</u>					
I hereby declare that the abspecified above is safe to w		tions have be	een taken	and made kno	wn to the	e Compete	nt Pers	on in ch	arge of t	he work.	l cons	ider that the a	pparatus
Permit Issuer:		Sig	gnature:					Valid	From:	Time:		Date:	
I acknowledge receipt of th Neither I or the workers und will re-sign this permit once	der my cont	rol will work					us. I	Valid	То:	Time:		Date:	
Permit Acceptor:				Signature:									
			HAND	BACK, RECE	IPT AN	ID CANC	ELLA	TION					
I confirm that the activity h	as been con	npleted, chec	ked by m	yself and the a	rea left se	ecure and i	n a safe	e and tid	y condit	ion.			
Permit Acceptor:				Signatu	re:					Time:		Date:	
Lackness I. J	SECUI		6	- 4 41								ELOPMEN1	
I acknowledge receipt of the in charge has left the area s												eted in accorda d tidy condition	ance with this on.
	Time:		Date:							Time:		Date:	

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Aston University		LOW	/ VOLT	AGE I	PERMI	<u> T</u>		RE	F: 0	070	
Contractor:		Permit Ac	ceptor:				Mobile	Number:			
Location:		Designation	on of Circuit	:			Area(s	Affected:			
Job Details:											
Has a suitable and sufficient i	risk assessmer	nt been u	ndertaker	for this	s task?	YES	0	NO	Safety at W amended) i	nagement of Health and ork Regulations 1999 (as equire that organisation eemployees record the	ns with
Has a method statement bee	n undertaken	for this to	ask?			YES	0	NO	identify the assessment must be sul	indings of assessments se especially at risk. Risk s and method statemen omitted to Estates & Cap nt Department in advar nencing.	k nts pital
			PRE	CAUTIC	<u>ONS</u>					<u> </u>	
ISOLATION:											
ISOLATION.	State isolation point(s), whether or no	ot isolator(s) has ('have) been p	adlocked off, fu	ses withdrawn	•				
WARNING NOTICES:											
PROVE APPARATUS DEAD:	State where Caution/	Danger notices	have been posted	1.							
	State what tests have	been made, wh	ere and with who	it instrument	S.						
EARTHING:				1:1							
OTHER PRECAUTIONS:	State where apparatu	is not been early	rea una, for testi	ig, which ear	ais may be rem	очей.					
	Specify if required for	special circums	tances.								
	EMER	GENCY C	ONTACT	(Person	not invol	ved in th	e work)				
Name:		Position	:				Cont	act:			
		AUTH	ORISATIO	ON AND	ACCEP1	TANCE					
I hereby declare that the above prec specified above is safe to work on.	autions have bee	n taken and	d made knov	vn to the	Competent	Person in	charge of t	he work. I	consider t	hat the apparatus	
Permit Issuer:	Sigr	nature:				Vali	d From:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the wor	ontrol will work o					S. I Vali	d To:	Time:		Date:	
Permit Acceptor:		Si	gnature:								
			CK, RECE								
I confirm that the activity has been o	ompleted, check	ed by myse	lf and the ar	ea left sec	cure and in	a safe and	tidy condit	ion.			
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I acknowledge receipt of this permit in charge has left the area secure an										n accordance with condition.	ı this
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Aston Univ	ersity				LO	W V	OL1	<u>ragi</u>	<u>E F</u>	PERM	<u>IIT</u>				I	REF:	00	71		
Contractor:					Permit	Accept	tor:							Mobile	Numb	er:				
Location:					Design	ation o	f Circui	t:						Area(s)	Affecte	ed:				
Job Details:																				
Has a suitable an	ıd sufficie	nt risk	(assessi	ment	t beer	unde	ertake	n for t	his	task?	○ YE	ES			NO	S a fi	afety at Wo mended) re ive or more	rk Regulat quire that employee	of Health an ions 1999 (a organisatio s record the	as ons with
Has a method sta	atement	been ເ	underta	ken f	for thi	s taski	?				○ YE	ΞS		01	NO	io a n	dentify thos ssessments nust be sub	e especial and meth mitted to it Departn	assessments ly at risk. Ris od stateme Estates & Ca nent in adva	ik nts ipital
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THOVEALLAN	ATOS DE		ate what test	ts have b	peen made	, where ar	nd with wh	nat instrum	nents											
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		Sp	pecify if requi	red for s _l	pecial circ	umstances	S.													
			EN	ΛERC	GENC	/ CON	ITACT	_(Perso	on I	not invo	olved	l in the	e w	ork)						
Name:					Positi	on:								Conta	act:					
					<u>AU</u>	THOR	ISATI	ON AI	ND	ACCEP	TAN	<u>ICE</u>								
I hereby declare that specified above is sa			ions have	e been	taken i	and ma	ide kno	wn to tl	he C	Compete	nt Per	son in	cha	rge of t	he worl	c. I co	nsider th	at the a	pparatus	5
Permit Issuer:				Signa	ature:							Vali	d F	rom:	Time:			Date:		
I acknowledge receip Neither I or the work will re-sign this perm	ers under m	ny contr	ol will wo	ork on							us. I	Vali	d T	o:	Time:			Date:		
Permit Acceptor:			· ·			Signat	ture:													
				<u>H</u>	IANDI	BACK,	, RECE	IPT A	NC	CANC	ELL	ATIOI	<u>N</u>							
I confirm that the act	ivity has be	en com	pleted, cl	hecke	d by my	yself an	d the a	rea left	secı	ure and i	n a saf	fe and 1	tidy	condit	ion.					
Permit Acceptor:							Signatu	re:							Time:			Date:		
Ladwa L. L.		SECUR			1 - 2	-6.4				l and the							VELOF			
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Has a suitable and sufficient r	isk assessmer	nt been ui	ndertaker	for this	s task?	YES	0	NO	Safety at amended	ore employees r	ns 1999 (as ganisations with ecord the
Has a method statement beer	n undertaken	for this to	ask?			YES	0	NO	assessme must be s Developn	at findings of ass hose especially nts and method submitted to Est nent Departmen mmencing.	at risk. Risk I statements
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ISOLATION:											
ISOLATION.	State isolation point(s	s), whether or no	ot isolator(s) has ((have) been p	adlocked off, fu	ıses withdraw	າ.				
WARNING NOTICES:											
PROVE APPARATUS DEAD:	State where Caution/	Danger notices i	have been posted	d.							
	State what tests have	been made, wh	ere and with who	at instrument	'S.						
EARTHING:	State where apparatu	ıs has heen earti	hed and for testi	na which ea	ths may be rem	noved					
OTHER PRECAUTIONS:				<u></u>							
	Specify if required for										
	EMER	GENCY C	ONTACT	_(Person	not invo	lved in th	e work)				
Name:		Position	:				Cont	act:			
		AUTH	ORISATIO	ON AND	ACCEPT	<u> TANCE</u>					
I hereby declare that the above precaspecified above is safe to work on.	nutions have bee	n taken and	d made knov	vn to the	Competen	t Person ir	charge of	the work. I	consider	that the ap	paratus
Permit Issuer:	Sign	nature:				Val	id From:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work or					s. I Val	id To:	Time:		Date:	
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			CK, RECE								
I confirm that the activity has been co	ompleted, check	ed by myse	If and the are	ea left sed	cure and in	a safe and	tidy condi	tion.			
Permit Acceptor:			Signatur	·e:				Time:		Date:	
	<u>JRITY</u>	1.2								<u>OPMENT</u>	
I acknowledge receipt of this permit in charge has left the area secure and										in accordar dy conditior	nce with this
Tim	e:	Date:						Time:		Date:	

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Aston Univers	ity		LO	W VOLT	AGE	PERM	<u>IIT</u>			RE	F:	0073	
Contractor:			Permit	Acceptor:					Mobile	Number:			
Location:			Design	nation of Circuit	::				Area(s)	Affected	:		
Job Details:													
Has a suitable and su	fficient ris	k assessme	nt beer	n undertaker	n for th	is task?	○ YE	S	01	NO	Safe ame five	or more employee	ions 1999 (as organisations with s record the
Has a method statem	nent been	undertake	n for thi	s task?			○ YE	S	01	VO	iden asse mus Deve	ificant findings of a tify those especiall ssments and meth t be submitted to le elopment Departm ss commencing.	ly at risk. Risk od statements Estates & Capital
				PRE	CAUTI	<u>ONS</u>						<u> </u>	
ISOLATION:													
ISOLATION.		state isolation poin	t(s), whether	or not isolator(s) has	(have) been	padlocked off,	fuses wit	hdrawn.					
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PROVE APPARATU		State where Cautio	n/Danger not	ices have been poste	d.								
	[state what tests ha	ve been made	, where and with wh	at instrumer	nts.							
EARTHING:													
OTHER PRECAUTIO		пате инеге арраго	itus rus veeri	earthed and, for test	mg, which ec	artis may be re	moveu.						
		specify if required f	or special circ	umstances.									
		<u>EME</u>	RGENC	Y CONTACT	_(Persoi	n not invo	olved	in the v	vork)				
Name:			Positi	on:					Conta	ict:			
			<u>AU</u>	THORISATION	ON ANI	D ACCEP	TAN	CE					
I hereby declare that the a specified above is safe to v		tions have be	en taken	and made know	wn to the	· Compete	nt Pers	on in ch	arge of t	he work. I	l consi	ider that the a	pparatus
Permit Issuer:		Sig	jnature:					Valid	From:	Time:		Date:	
I acknowledge receipt of t Neither I or the workers ur will re-sign this permit onc	nder my cont	rol will work					us. I	Valid	То:	Time:		Date:	
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I confirm that the activity I	has been cor	npleted, chec	ked by m	yself and the ar	ea left se	cure and ir	n a safe	e and tid	y condit	ion.			
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I acknowledge receipt of t in charge has left the area												eted in accorda d tidy condition	
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Contractor:		Permit A	Acceptor:			Mob	ile Number:						
Location:		Designa	tion of Circuit:			Area	(s) Affected:						
Job Details:													
Has a suitable and suffic	cient risk assessn	nent been	undertaken	for this task	? YES) NO	Safety at Work I amended) requ	ement of Health and Regulations 1999 (as ire that organisations with ployees record the				
Has a method statemen	it been undertak	en for this	task?		YES	() NO	identify those e assessments an must be submit	ngs of assessments and specially at risk. Risk d method statements ted to Estates & Capital lepartment in advance of cing.				
			PRE	CAUTIONS									
ISOLATION:													
ISOLATION.	State isolation p	oint(s), whether or	not isolator(s) has (have) been padlocke	d off, fuses withdra	wn.							
WARNING NOTICES:													
PROVE APPARATUS D		tion/Danger notic	es have been postea	l.									
	State what tests	have been made,	where and with wha	t instruments.									
EARTHING:	State where ann	aratus has heen e	arthed and for testin	ng, which earths may	he removed								
OTHER PRECAUTIONS				g, mer carris may	oeremorea.								
L	Specify if require	d for special circu	mstances.						'				
	<u>EM</u>	ERGENCY	CONTACT	(Person not i	nvolved in	the work)							
Name:		Positio	on:			Cor	ntact:						
		AUT	HORISATIO	N AND ACC	EPTANCE								
I hereby declare that the above specified above is safe to wor		been taken a	nd made know	n to the Comp	etent Person	in charge c	of the work. I	consider that	the apparatus				
Permit Issuer:		Signature:				alid From	Time:		Date:				
I acknowledge receipt of this Neither I or the workers unde will re-sign this permit once the	r my control will wor	k on any oth				alid To:	Time:		Date:				
Permit Acceptor:			Signature:		<u> </u>								
		HANDB	ACK, RECE	IPT AND CA	NCELLATI	<u>ON</u>							
I confirm that the activity has	been completed, ch	ecked by my:	self and the are	ea left secure ar	nd in a safe ar	id tidy con	dition.						
Permit Acceptor:			Signatur	e:			Time:		Date:				
Lealing and advisor to the College	<u>SECURITY</u>	info	4.4h.c.::					DEVELOPA					
I acknowledge receipt of this in charge has left the area sec					satisfied that iit and the are				cordance with this indition.				
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Contractor:		Permit	Acceptor:			Mobile Number:							
Location:		Design	ation of Circuit:			Area(s) Affected:							
Job Details:													
Has a suitable and suffi	icient risk assess	ment beer	undertaken	for this task?	YES	○ NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the						
Has a method stateme	nt been underta	aken for thi	s task?		YES	○ NO	significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.						
			PRE	CAUTIONS									
ISOLATION:													
ISOLATION.	State isolation	n point(s), whether (or not isolator(s) has (have) been padlocked (off, fuses withdrawn.								
WARNING NOTICES:													
PROVE APPARATUS		aution/Danger not	ices have been postec	1.									
	State what tes	sts have been made	, where and with who	it instruments.									
EARTHING:	State where a	pparatus has been	earthed and, for testir	ng, which earths may be	e removed.								
OTHER PRECAUTION	IS:												
	Specify if requ	ired for special circ	umstances.				-1						
	<u>EI</u>	MERGENC	CONTACT	(Person not in	volved in the	work)							
Name:		Positi	on:			Contact:							
		<u>AU</u> 1	THORISATIO	N AND ACC	PTANCE								
I hereby declare that the abo specified above is safe to wo		e been taken	and made knov	vn to the Compe	tent Person in c	harge of the work. I	consider that the apparatus						
Permit Issuer:		Signature:			Valid	d From: Time:	Date:						
I acknowledge receipt of this Neither I or the workers undo will re-sign this permit once	er my control will w	ork on any otł			Valid	d To:	Date:						
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		HANDI	BACK, RECE	IPT AND CAN	ICELLATION	<u>I</u>							
I confirm that the activity has	s been completed, c	thecked by my	yself and the are	ea left secure and	l in a safe and t	idy condition.							
Permit Acceptor:			Signatur	e:		Time:	Date:						
Lashmands days as the City	SECURITY	n info	at the control			ES & CAPITAL [
I acknowledge receipt of this in charge has left the area se							mpleted in accordance with this fe and tidy condition.						
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Aston Universit	у	<u>LO</u>	W VOLT	AGE PER	<u>MIT</u>	RE	F: 0076						
Contractor:		Permit	Acceptor:			Mobile Number:							
Location:		Designa	ation of Circuit:			Area(s) Affected:							
Job Details:													
Has a suitable and suff	icient risk assess	ment been	undertaken	for this task?	YES	○ NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the						
Has a method stateme	nt been underta	aken for this	task?		YES	○ NO	significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.						
			PRE	CAUTIONS									
ISOLATION:													
ISOLATION.	State isolation	n point(s), whether o	r not isolator(s) has (have) been padlocked	off, fuses withdrawn.								
WARNING NOTICES:													
PROVE APPARATUS		aution/Danger noti	ces have been posted	1.									
		sts have been made,	where and with who	at instruments.									
EARTHING:	State where a	pparatus has been e	earthed and, for testin	ng, which earths may b	e removed.								
OTHER PRECAUTION			<u> </u>	<u> </u>									
	Specify if requ	ired for special circu	mstances.										
	<u>E</u>	MERGENCY	CONTACT	(Person not in	volved in the	work)							
Name:		Position	on:			Contact:							
		<u>AUT</u>	HORISATIO	ON AND ACC	EPTANCE								
I hereby declare that the abo specified above is safe to wo		e been taken a	nd made knov	vn to the Compe	tent Person in o	harge of the work. I	consider that the apparatus						
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I confirm that the activity ha	s been completed, o	hecked by my	self and the are	ea left secure and	d in a safe and t	idy condition.							
Permit Acceptor:			Signatur	e:		Time:	Date:						
Lacknowledge version of the	SECURITY - parmit having boo	n informed the	at the series	l aux e		TES & CAPITAL C							
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Aston University		LOW	/ VOLT	AGE	PERMI	<u> T</u>		RE	F:	0077			
Contractor:		Permit Ace	ceptor:				Mobil	e Number:					
Location:		Designation	on of Circuit	:			Area(s) Affected:					
Job Details:													
Has a suitable and sufficient r	isk assessmer	nt been u	ndertaker	for this	s task?	YES	0	NO	Safety a amende five or r	more employees	ons 1999 (as organisations with record the		
Has a method statement bee	n undertaken	for this to	ask?			YES	0	NO	identify assessm must be Develop	ant findings of as those especially nents and metho e submitted to Es pment Departme commencing.	at risk. Risk d statements		
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ISOLATION.	State isolation point(s), whether or no	ot isolator(s) has	(have) been p	adlocked off, fu	ses withdraw	n.						
WARNING NOTICES:													
PROVE APPARATUS DEAD:	State where Caution/	Danger notices i	have been posted	d.									
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	Specify if required for												
	EMER	GENCY C	ONTACT	_(Person	not invol	lved in th	ne work)						
Name:		Position	:				Cont	act:					
		AUTH	ORISATIO	ON AND	ACCEP1	TANCE							
I hereby declare that the above precesspecified above is safe to work on.	autions have bee	n taken and	d made knov	vn to the	Competent	t Person ir	charge of	the work. I	conside	er that the ap	paratus		
Permit Issuer:	Sigr	nature:				Val	id From:	Time:		Date:			
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work o					s. I Val	id To:	Time:		Date:			
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I confirm that the activity has been co	ompleted, check	ed by myse	lf and the ar	ea left sed	cure and in	a safe and	tidy cond	tion.					
Permit Acceptor:			Signatur	re:				Time:		Date:			
	<u>URITY</u>				1					OPMENT	141 -114		
I acknowledge receipt of this permit in charge has left the area secure and										d in accorda tidy conditio	nce with this n.		
Tim	e:	Date:						Time:		Date:			

Тор	Top Copy: Permit Issuer, Middle Copy: Security, Bottom Copy: Permit Acceptor												
Aston University		LOV	V VOLT	AGE	<u>PERM</u>	<u>IT</u>			RE	F:	0078		
Contractor:		Permit Ac	cceptor:					Mobile	Number				
Location:		Designati	on of Circuit	:				Area(s)	Affected	: [
Job Details:													
Has a suitable and sufficient r	isk assessmer	nt been u	ndertaker	n for thi	s task?	YES		01	NO	Safe ame five	The Management of ety at Work Regulati ended) require that or more employee:	ons 1999 (as organisations with record the	
Has a method statement beer	n undertaken	for this t	ask?		(YES		01	NO	iden asse mus Dev	officant findings of a ntify those especiall essments and methe to be submitted to be elopment Departm ks commencing.	y at risk. Risk od statements states & Capital	
			PRE	CAUTIO	<u>ONS</u>								
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Name:		Position	n:					Conta	act:				
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I hereby declare that the above precaspecified above is safe to work on.	nutions have bee	n taken and	d made knov	vn to the	Competen	t Person	in ch	arge of t	he work.	l cons	ider that the a	pparatus	
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I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work or					s. I	'alid	То:	Time:		Date:		
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I confirm that the activity has been co	ompleted, check	ed by myse	elf and the ar	ea left se	cure and in	a safe a	nd tid	y condit	ion.				
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I acknowledge receipt of this permit in charge has left the area secure and											eted in accorda ad tidy condition		
Tim	e:	Date:							Time:		Date:		

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Aston Univers	sity			LO	W VOI	_TA	GE I	PERM	<u>IT</u>			RI	ĒF:	0079	
Contractor:				Permit	Acceptor:						Mobile	Number	:		
Location:				Design	ation of Circ	uit:					Area(s)	Affected	: [
Job Details:															
Has a suitable and su	ufficient r	isk assess	ment	t been	undertal	ken fo	or this	task?	YE	S	01	NO	Saf am five	e or more employe	ations 1999 (as at organisations with es record the
Has a method staten	nent bee	n underta	ıken f	for this	s task?				YE	:S	01	NO	ide ass mu De	nificant findings or entify those especial essments and met list be submitted to velopment Depart orks commencing.	ally at risk. Risk hod statements
					<u>P</u>	RECA	UTIC	<u>NS</u>							
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ISOLATION.		State isolation	point(s),	, whether o	or not isolator(s)	has (have	e) been p	adlocked off, 1	fuses wi	thdrawn.					
WARNING NOTICE	ES:														
PROVE APPARATU	JS DEAD:	State where Co	aution/D	anger noti	ces have been p	osted.									
		State what tes	ts have b	een made,	where and with	what ins	strument	5.							
EARTHING:		[C: + 1					1.1								
OTHER PRECAUTION	ONS:	State where a	ppurutus	nus been e	earthed and, for	testing, v	vincirear	ins may be rei	noveu.						
		Specify if requ	ired for sp	pecial circu	ımstances.										
		<u>El</u>	MERC	GENCY	CONTA	<u>CT</u> (Pe	erson	not invo	lved	in the	work)				
Name:				Position	on:						Conta	act:			
				AUT	HORISA	TION	AND	ACCEP	TAN	CE					
I hereby declare that the a specified above is safe to		autions hav	e been	taken a	and made k	nown 1	to the	Competer	nt Pers	son in ch	arge of t	he work.	l con:	sider that the	apparatus
Permit Issuer:			Signa	ature:						Valid	From:	Time:		Date	:
I acknowledge receipt of Neither I or the workers u will re-sign this permit on	nder my co	ntrol will w	ork on						ıs. I	Valid	То:	Time:		Date	:
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I confirm that the activity	has been c	ompleted, c	hecke	d by my	self and the	e area l	eft sec	ure and ir	ı a saf	e and tic	ly condit	ion.			
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I acknowledge receipt of in charge has left the area						on								eted in accord nd tidy condit	dance with this ion.
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To	Top Copy: Permit Issuer, Middle Copy: Security, Bottom Copy: Permit Acceptor												
Aston University		LOV	V VOLT	AGE I	PERMI	<u> T</u>		RE	F: 0	080			
Contractor:		Permit Ad	cceptor:				Mobile	e Number:					
Location:		Designat	ion of Circuit:				Area(s) Affected:					
Job Details:													
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WARNING NOTICES:											$\overline{1}$		
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OTHER PRECAUTIONS:													
	Specify if required fo	r special circum:	stances.										
	EMEF	RGENCY	CONTACT	(Person	not invol	ved in th	e work)						
Name:		Position	n:				Cont	act:					
		AUTH	IORISATIO	ON AND	ACCEPT	TANCE							
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Aston Universit	ty		<u>LO</u>	W VOLT	AGE	PERM	<u>IIT</u>			RE	:F:	0081	
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		EMER	GENCY	CONTACT	_(Persoi	n not inv	olved	in the v	vork)				
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I confirm that the activity ha	s been comple	ted, check	ed by my	self and the ar	ea left se	ecure and i	n a saf	e and tid	y conditi	ion.			
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Aston Univ	ersity			<u> </u>	LOW	VOL1	ΓAG	ΕI	PERM	<u>IT</u>				REF:	00	82	
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			EM	IERGEI	NCY CO	ONTACT	[_(Per:	son	not invo	lved	in th	e work	r) 				
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will re-sign this peri	mit once the	work is	complete	d.													<u> </u>
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Aston Universit	у	<u>LO</u>	W VOLT	AGE PE	<u>RMIT</u>			REF:	0083				
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Location:		Designa	ation of Circuit:				Area(s) Affe	cted:					
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Has a suitable and suffi	cient risk assessr	nent been	undertaken	for this tas	k? YES	5	○ NO	Sa aı fi	B: The Management of Health and afety at Work Regulations 1999 (as mended) require that organisations with we or more employees record the				
Has a method statemer	nt been undertak	ken for this	task?		○ YES	5	○ NO	ic a: m D	gnificant findings of assessments and lentify those especially at risk. Risk ssessments and method statements sust be submitted to Estates & Capital levelopment Department in advance of looks commencing.				
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	<u>EM</u>	IERGENCY	CONTACT	(Person not	involved i	n the v	vork)						
Name:		Position	on:				Contact:						
		AUT	HORISATIO	N AND AC	CEPTANO	Œ							
I hereby declare that the abo specified above is safe to wo		been taken a	ind made knov	vn to the Com	petent Perso	on in ch	arge of the w	ork. I coi	nsider that the apparatus				
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I acknowledge receipt of this Neither I or the workers unde will re-sign this permit once t	er my control will wo	rk on any oth				Valid [*]	То: Тіт	e:	Date:				
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I confirm that the activity has	been completed, ch	ecked by my	self and the are	ea left secure a	and in a safe	and tid	y condition.						
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Laskney laskney was the City	<u>SECURITY</u>	informs 1.1	***						VELOPMENT				
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Aston University		LOW	/ VOLT	AGE	<u>PERM</u> I	<u>IT</u>		REI	F: 00)84	
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Has a method statement bee	n undertaken	for this to	ask?			YES	01	NO	identify thos assessments must be sub	ndings of assessi e especially at ris and method sta mitted to Estates at Department in encing.	k. Risk tements & Capital
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Has a suitable and sufficient r	isk assessmer	nt been u	ındertaker	n for thi	s task?	YES	5	01	NO	Safe ame five	or more employee	ons 1999 (as organisations with s record the
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I acknowledge receipt of this permit in charge has left the area secure and											ted in accorda d tidy condition	ance with this on.
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Aston University		LO	W VOLT	AGE P	ERMIT		R	EF:	0087
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	<u>EME</u>	RGENCY	CONTACT	(Person n	ot involved	in the v	vork)		
Name:		Positio	on:				Contact:		
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I hereby declare that the above specified above is safe to work		een taken a	nd made knov	vn to the Co	mpetent Pers	son in ch	arge of the work.	I consi	der that the apparatus
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Aston University		LOW	/ VOLT	AGE	<u>PERM</u>	<u>IT</u>			RE	F:	8800	
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PROVE APPARATUS DEAD:	State where Caution/	<u>-</u>	· ·									
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LAMITING.	State where apparatu	ıs has been eart	hed and, for testi	ng, which ea	rths may be ren	noved.						
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	EMER	GENCY C	ONTACT	_(Person	not invo	lved in	the v	vork)				
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Aston University		LOW	/ VOLT	AGE	<u>PERM</u> I	<u>IT</u>		RE	F: [0089	
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	State what tests have	been made, wh	ere and with who	at instrument	's.						
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OTHER PRECAUTIONS:	State where apparatu	s nus been euru	rea una, for testi	ng, wnich eur	aismay be tem	oved.					
	Specify if required for										
	EMER	GENCY C	ONTACT	_(Person	not invol	lved in th	e work)				
Name:		Position	:				Cont	act:			
		AUTH	ORISATIO	ON AND	ACCEPT	TANCE					
I hereby declare that the above precaspecified above is safe to work on.	autions have bee	n taken and	d made knov	vn to the	Competent	t Person in	charge of	the work. I	conside	er that the ap	paratus
Permit Issuer:	Sigr	nature:				Val	id From:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work o					s. I Val	id To:	Time:		Date:	
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I confirm that the activity has been co	ompleted, check	ed by myse	If and the ar	ea left sec	cure and in	a safe and	tidy condi	tion.			
Permit Acceptor:			Signatur	re:				Time:		Date:	
	<u>URITY</u>	1.0			1					LOPMENT	1.1 -1 -
I acknowledge receipt of this permit in charge has left the area secure and										ed in accorda tidy conditio	nce with this n.
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Aston University		LOV	W VOLT	AGE I	PERMIT		RI	EF:	0090
Contractor:		Permit A	cceptor:				Mobile Number		
Location:		Designat	tion of Circuit:				Area(s) Affected	:	
Job Details:									
Has a suitable and sufficie	nt risk assessme	nt been u	undertaker	for this	task?	YES	○ NO	Safety a amend five or i	Management of Health and at Work Regulations 1999 (as ed) require that organisations with more employees record the
Has a method statement	oeen undertakei	n for this	task?		0	YES	○ NO	identify assessn must be Develo	ant findings of assessments and those especially at risk. Risk nents and method statements e submitted to Estates & Capital pment Department in advance of commencing.
			PRE	CAUTIO	<u>NS</u>				
ISOLATION:									
ISOL/MION.	State isolation poin	t(s), whether or	not isolator(s) has ((have) been po	dlocked off, fuses	s withdrawn.			
WARNING NOTICES:									
PROVE APPARATUS DE									
EARTHING:	State what tests ha	/e been made, v	vhere and with who	it instruments	•				
EARTHING.	State where appara	tus has been ea	rthed and, for testii	ng, which eart	hs may be remov	ed.			
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	Specify if required for								
	EME	RGENCY	CONTACT	(Person	not involve	ed in the v	vork)		
Name:		Positio	n:				Contact:		
		<u>AUTI</u>	HORISATIO	ON AND	ACCEPTA	NCE			
I hereby declare that the above specified above is safe to work o		en taken ar	nd made knov	vn to the (Competent P	erson in ch	arge of the work.	l conside	er that the apparatus
Permit Issuer:	Sig	nature:				Valid	From: Time:		Date:
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I acknowledge receipt of this pe in charge has left the area secur							ctivity has been co secure and in a s		d in accordance with this tidy condition.
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Aston Univ	ersity			LC	OW V	OLT	AGE	PERM	<u>IT</u>			R	EF:	0091	
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Has a method s	tatement	been ι	undertak	en for th	is task?	'			O YE	ES .	0	VO	ider asse mus Dev	ntify those especia essments and met st be submitted to	
						PRE	CAUT	ONS							
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PROVE APPA	RATUS DE	L													
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		Sp	ecify if require	d for special ci	cumstances.										
			<u>EM</u>	ERGENC	Y CON	TACT	(Perso	n not invo	olved	in the	work)				
Name:				Posi	tion:						Conta	act:			
				AU	THORI	SATIC	N AN	D ACCEP	TAN	ICE					
I hereby declare that specified above is s			ions have l	been taker	and mad	de knov	vn to th	e Competer	nt Pers	son in cl	narge of t	he work.	l cons	sider that the	apparatus
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I acknowledge rece Neither I or the wor									us. I	Valid		Time:		Date	
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I confirm that the ac	ctivity has be	een com	ipleted, che	ескей by п	nyself and	the are	ea left s	ecure and ir	ı a sat	e and ti	ay condit	ion.			
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Lackneylader		SECUR		inform = = 1 +	hat th a	orcor		lam satis						ELOPMEN	
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Aston Universi	ity		LOW	VOL1	ΓAGE	PERM	<u>IIT</u>			RI	EF:	0092	
Contractor:			Permit Acc	eptor:					Mobile	Number	:		
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Has a suitable and su	fficient risk	c assessmen	it been un	ıdertake	n for th	is task?	○ YE	S	\bigcirc I	10	Safety amend five or signific	more employee cant findings of	tions 1999 (as t organisations with es record the assessments and
Has a method statem	ent been ι	undertaken	for this ta	sk?			○ YE	S	\bigcirc N	10	assess must k Develo		
				PRE	CAUTI	<u>ONS</u>							
ISOLATION:	Γ												
	St	ate isolation point(s), whether or not	isolator(s) has	s (have) been	padlocked off,	fuses wit	hdrawn.					
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		EMER	GENCY C	ONTACI	<u>[</u> (Persoi	n not inv	olved	in the v	vork)				
Name:			Position:						Conta	ct:			
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I hereby declare that the all specified above is safe to w		ions have bee	n taken and	made kno	wn to the	· Compete	nt Pers	on in ch	arge of t	ne work.	l consid	ler that the a	pparatus
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	SECUR	RITY		Jigilatu			E	STATE	S & CA	L	DEVE	LOPMEN'	
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Has a suitable and sufficient	risk assessmer	nt been u	ndertaker	n for this	task?	YES	0	NO	Safety at W amended) i five or more	nagement of Health and ork Regulations 1999 (as require that organisations e employees record the	
Has a method statement bee	en undertaken	for this to	ask?			YES	0	NO	identify the assessment must be sul	indings of assessments an se especially at risk. Risk s and method statements omitted to Estates & Capit ont Department in advanc mencing.	al
			PRE	CAUTIC	<u>NS</u>					<u> </u>	
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WARNING NOTICES:											
PROVE APPARATUS DEAD	State where Caution,	'Danger notices i	have been posted	d.							
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EARTHING:				1:1							Щ
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	EMER	GENCY C	ONTACT	_(Person	not invol	ved in th	e work)				
Name:		Position	:				Cont	act:			
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I hereby declare that the above prec specified above is safe to work on.	cautions have bee	en taken and	d made knov	vn to the	Competent	Person in	charge of t	he work. I	consider t	hat the apparatus	
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I confirm that the activity has been	completed, check	ed by myse	If and the are	ea left sec	ure and in	a safe and	tidy condit	ion.		_	
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	URITY	1.2					TES & C/				
I acknowledge receipt of this permi in charge has left the area secure an										n accordance with the condition.	nis
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Aston University	Y	<u>LO</u>	W VOLT	AGE PER	<u>MIT</u>	RI	EF: 0094	
Contractor:		Permit	Acceptor:			Mobile Number	:	
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Job Details:								
Has a suitable and suffic	cient risk assess	ment been	undertaker	for this task?	YES	○NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations five or more employees record the	s with
Has a method statemer	nt been underta	ken for this	s task?		YES	○ NO	significant findings of assessments an identify those especially at risk. Risk assessments and method statement: must be submitted to Estates & Capit Development Department in advanworks commencing.	ts ital
			PRE	CAUTIONS			<u>, </u>	
ISOLATION:								
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PROVE APPARATUS [aution/Danger noti	ces have been posted	1.				
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	<u>EN</u>	MERGENCY	CONTACT	(Person not in	volved in th	e work)		
Name:		Positi	on:			Contact:		
		<u>AU1</u>	HORISATIO	N AND ACC	EPTANCE			
I hereby declare that the above specified above is safe to wor		e been taken a	and made knov	vn to the Compe	tent Person in	charge of the work.	l consider that the apparatus	
Permit Issuer:		Signature:			Vali	d From: Time:	Date:	
I acknowledge receipt of this Neither I or the workers unde will re-sign this permit once t	r my control will wo	ork on any oth				d To:	Date:	
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		HANDE	BACK, RECE	IPT AND CAN	ICELLATIO	N		
I confirm that the activity has	been completed, c	hecked by my	rself and the ar	ea left secure and	d in a safe and	tidy condition.		
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Teelmonded and the Color	SECURITY	- tmf	4 4b				<u>DEVELOPMENT</u>	Alc:
I acknowledge receipt of this in charge has left the area sec							ompleted in accordance with t afe and tidy condition.	this
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Aston Universi	ity		LO	W VOLT	AGE	PERM	<u>IIT</u>			RE	F:	0095	
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Job Details:													
Has a suitable and su	fficient ris	k assessme	nt been	undertaker	n for th	is task?	○ YE	:S	\bigcirc I	NO	Safe ame five	or more employee	ions 1999 (as organisations with s record the
Has a method statem	ent been	undertaker	n for thi	s task?			○ YE	:S	<u> </u>	VO	iden asse mus Deve	ificant findings of a utify those especial essments and meth t be submitted to lelopment Departments commencing.	ly at risk. Risk od statements Estates & Capital
				PRE	CAUTI	<u>ONS</u>							
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WARNING NOTICES	5:												
PROVE APPARATUS	Г	tate where Cautior	n/Danger not	ices have been poste	d.								
	S	tate what tests hav	e been made	, where and with wh	at instrumer	nts.							
EARTHING:													
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		EMEI	RGENCY	CONTACT	_(Persoi	n not invo	olved	in the v	work)				
Name:			Positi	on:					Conta	ict:			
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I acknowledge receipt of the Neither I or the workers un will re-sign this permit once	der my cont	rol will work o					us. I	Valid	То:	Time:		Date:	
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I confirm that the activity h	nas been con	npleted, checl	ked by my	self and the ar	ea left se	cure and ii	n a saf	e and tid	y conditi	ion.			
Permit Acceptor:				Signatu	re:					Time:		Date:	
Ladward I.	SECUI											ELOPMEN [*]	
I acknowledge receipt of the in charge has left the area												eted in accorda d tidy condition	
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Aston Univers	sity				LO	<u> W \</u>	/OL1	ΓAG	ΕI	PERM	<u>/IIT</u>				F	REF:	00	96		
Contractor:					Permit	Accep	tor:							Mobile	Numbe	er:				
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Has a method stater	ment be	en u	nderta	ken	for thi	s task	:?				○ YE	ES		01	NO	ic a: m	dentify thos ssessments nust be sub	e especial and meth mitted to l at Departm	issessments y at risk. Risk od statemen Estates & Cap ient in adva	k nts pital
							PRI	ECAU	TIC	<u>NS</u>										
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			ite what test	ts have l	been made	e, where a	ınd with w	hat instru	ıment	s.										
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		Spe	ecify if requi	red for s	special circ	umstance	25.													
			<u>EN</u>	ΛERG	GENC'	100 Y	NTACT	[_(Per:	son	not inv	olvea	d in th	e w	ork)						
Name:					Positi	on:								Conta	act:					
					<u>AU</u>	THOR	RISATI	ON A	ND	ACCE	PTAN	<u>ICE</u>								
I hereby declare that the specified above is safe to			ons have	e beer	n taken	and m	ade kno	wn to	the (Compete	ent Per	rson in	cha	rge of t	he work	. I co	nsider th	at the a	pparatus	
Permit Issuer:				Sign	ature:							Vali	id F	rom:	Time:			Date:		
l acknowledge receipt of Neither I or the workers u will re-sign this permit or	under my	contro	ol will wo	rk on							tus. I	Vali	id T	o:	Time:			Date:		
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Lackness de des est de la constant d		CUR		, i.e.f	une e el el		D.C			lan							VELOF			41-1
I acknowledge receipt of in charge has left the are							person										oleted in and tidy		ance with on.	this
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Aston University	LOW	/ VOLT	AGE	<u>PERM</u> I	<u>IT</u>		RE	F: [0097					
Contractor:		Permit Ac	ceptor:				Mobil	e Number:						
Location:		Designation	on of Circuit	:			Area(s	s) Affected:						
Job Details:	NB: The Management of Health and													
Has a suitable and sufficient r	Has a suitable and sufficient risk assessment been undertaken for this task? YES NO Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and													
Has a method statement bee	n undertaken	for this to	ask?			YES	0	NO	identify assessn must b Develo	ntify those especially at risk. Risk essments and method statements st be submitted to Estates & Capital velopment Department in advance of				
works commencing. PRECAUTIONS														
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ISOLATION.	State isolation point(s	s), whether or no	ot isolator(s) has	(have) been p	adlocked off, fu	ıses withdrawı	1.							
WARNING NOTICES:														
State where Caution/Danger notices have been posted. PROVE APPARATUS DEAD:														
	State what tests have	been made, wh	ere and with who	at instrument	's.									
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OTHER PRECAUTIONS:	State where apparatu	s nus been euru	lea ana, for testi	ng, wiich eu	aismay be tem	oved.								
	Specify if required for	special circumst	tances.											
	EMER	GENCY C	ONTACT	_(Person	not invol	lved in th	e work)							
Name:		Position	:				Cont	act:						
		AUTH	ORISATIO	ON AND	ACCEPT	TANCE								
I hereby declare that the above prec specified above is safe to work on.	autions have bee	n taken and	d made knov	vn to the	Competent	t Person in	charge of	the work. I	consid	er that the ap	paratus			
Permit Issuer:	Sign	nature:				Val	id From:	Time:		Date:				
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work or					s. I Val	id To:	Time:		Date:				
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I confirm that the activity has been c	ompleted, check	ed by myse	If and the ar	ea left sed	cure and in	a safe and	tidy condi	tion.						
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	<u>URITY</u>	1.2								LOPMENT	***			
I acknowledge receipt of this permit in charge has left the area secure and										ed in accordar tidy condition				
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Aston Univ	aston University						ΓAG	E F	PERM	<u>IT</u>			R	EF:	009	8	
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Job Details:																	
Has a suitable a	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and													ons 1999 (as organisations with			
Has a method s	his task	ς?				YE	S	0	significant findings of asse identify those especially a assessments and method must be submitted to Esta Development Departmen								
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ISOLATION:		 Cr	ate isolation p	noint(s) what	her or not is	plator(s) has	s (have) he	een no	dlocked off fi	icac wit	thdrawn						
WARNING NO)TICES:	Γ	ate isolation p	ome(s), when	ici oi notisc	nator(s) rias	, (nave) be	cerrpo	unocked on, re	ises wit	.narawn.						
William	TICES.	St	ate where Cau	ıtion/Danger	notices have	e been poste	ed.										
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EARTHING:		St	ate what tests	have been m	ade, where o	and with wh	hat instrui	ments									
LAITTIING.		St	ate where app	oaratus has b	een earthed	and, for test	ting, whic	h eart	hs may be rem	oved.							
OTHER PRECA	AUTIONS:																
		Sp	ecify if require	ed for special	circumstanc	es.											
			<u>EM</u>	IERGEN	CY CO	NTACI	[_(Pers	son	not invoi	lved	in the	e work)					
Name:				Pos	ition:							Cont	act:				
				<u>A</u>	UTHOF	RISATI	ON A	ND	ACCEPT	ΓΑΝ	CE						
I hereby declare that specified above is sa			ions have	been tak	en and m	ade kno	wn to t	the C	Competen	t Pers	on in	charge of	the work	. I con	sider that	the ap	paratus
Permit Issuer:				Signature	:						Vali	d From:	Time:			Date:	
I acknowledge rece Neither I or the wor will re-sign this perr	kers under r	ny contr	ol will wor	rk on any						s. I	Vali	d To:	Time:			Date:	
		WOIKIS	Completed		7]										•		
Permit Acceptor:				יייאו		ature:	IDT 4	/ NIC	CANCE	11.	TIO	VI					
I confirm that the ac	tivity has be	een com	pleted, ch										tion.				
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		SECUR	RITY							E	STA	ΓES & C	APITAL	DE\	/ELOPN	IENT	
I acknowledge recein charge has left th						person									leted in ac nd tidy co		nce with this n.
		Time:		Date	2:								Time:			Date:	

Top Copy: Permit Issuer, Middle Copy: Security, Bottom Copy: Permit Acceptor																				
Aston University						LOW VOLTAGE PERMIT									R	EF:	0099			
Contractor:					Permit	Accep	tor:						Мо	bile N	lumbe	r: [
Location:					Design	Designation of Circuit:						Are	Area(s) Affected:							
Job Details:	NB: The Management of Health and																			
Has a suitable and s	Has a suitable and sufficient risk assessment been undertaken for this task? YES NO Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and														ns with					
Has a method stater	for thi	s task	:?				○ YE	ES	() NO)	ide ass mu De	entify those especially at risk. Risk sessments and method statements ust be submitted to Estates & Capital evelopment Department in advance of			k nts pital				
works commencing. PRECAUTIONS																				
ISOLATION:																				
ISOLATION.		Sta	ite isolation	point(s)), whether	or not iso	lator(s) ha	s (have) b	een p	adlocked of	f, fuses wi	ithdrawn.								
WARNING NOTICE	ES:																			
State where Caution/Danger notices have been posted. PROVE APPARATUS DEAD:																				
		Sta	ite what test	ts have l	been made	, where a	ınd with w	hat instru	ıment	5.										
EARTHING:							1.6		,	., ,										
OTHER PRECAUTI	ONS:	310	nte where ap	purutus	s nus deen	eartheat	una, ior tes	ung, wiii	Lireur	ins may be r	emoved.									
L		Spe	ecify if requi	red for s	special circ	umstance	25.													
			<u>EN</u>	ΛERG	GENC	Y COI	NTAC	[_(Per.	son	not inv	olved	l in the	work	<i>:)</i>						
Name:					Positi	on:							Со	ntac	t:					
					<u>AU</u>	THOR	RISATI	ON A	ND	ACCE	PTAN	ICE								
I hereby declare that the specified above is safe to			ons have	e beer	n taken	and m	ade kno	wn to	the (Compete	ent Per	son in c	harge	of the	e work.	l con	sider tha	at the a	pparatus	i
Permit Issuer:				Sign	ature:							Valid	d Fror	n: 1	Γime:			Date:		
l acknowledge receipt of Neither I or the workers u will re-sign this permit or	under my	contro	ol will wo	rk on							tus. I	Valid	d To:	7	Γime:			Date:		
Permit Acceptor:						Signa	ature:													
										CAN										
I confirm that the activity	/ has beer	com	pleted, cl	hecke	ed by m	yself ar	nd the a	rea lef	t sec	ure and	in a saf	fe and t	idy cor	nditio	n.					
Permit Acceptor:							Signatu	ıre:							Γime:			Date:		
		CUR				,											<u>/ELOP</u>			
I acknowledge receipt of in charge has left the area							person			l am sati permit a									nce with	n this
	Т	ime:			Date:										Γime:			Date:		

Top Copy: Permit Issuer, Middle Copy: Security, Bottom Copy: Permit Acceptor														
Aston University		LOW	VOLT	AGE	PERM		RE	F:	0100					
Contractor:		Permit Acc	eptor:					Mobile	Number					
Location:		Designatio	Designation of Circuit:					Area(s)	Affected					
Job Details:	NB: The Management of Health and													
Has a suitable and sufficient r	Has a suitable and sufficient risk assessment been undertaken for this task? YES NO Safety at Work Regulations 1999 (as amended) require that organisations wit five or more employees record the significant findings of assessments and													
Has a method statement bee	n undertaken	for this ta	sk?			YES		01	10	iden asse mus Dev	gnificant findings of assessments and entify those especially at risk. Risk sessments and method statements ust be submitted to Estates & Capital evelopment Department in advance of			
works commencing. PRECAUTIONS														
ISOLATION:	State isolation point(s), whether or not	t isolator(s) has	(have) been p	oadlocked off, fo	uses withdra	ıwn.							
WARNING NOTICES:														
	State where Caution/Danger notices have been posted.													
PROVE APPARATUS DEAD:														
EARTHING:	State what tests have	been made, whe	ere and with who	at instrumen	ts.									
EARTHING:	State where apparatu	ıs has been earth	ed and, for testi	ng, which ea	rths may be ren	noved.								
OTHER PRECAUTIONS:														
	Specify if required for	special circumsto	ances.											
	EMER	GENCY C	ONTACT	_(Person	not invo	lved in	the v	vork)						
Name:		Position:						Conta	ıct:					
		AUTHO	ORISATIO	ON AND	ACCEP	TANCE								
I hereby declare that the above prec specified above is safe to work on.	autions have bee	n taken and	made knov	vn to the	Competen	t Person	in cha	arge of t	he work.	l cons	ider that the a	pparatus		
Permit Issuer:	Sigr	nature:				V	alid I	From:	Time:		Date:			
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the wor	ntrol will work o					s. I	alid ⁻	Го:	Time:		Date:			
Permit Acceptor:		Sic	gnature:											
• • • • • • • • • • • • • • • • • • • •		HANDBAG		IPT AN	D CANCI	ELLATI	ON							
I confirm that the activity has been c								y conditi	on.					
Permit Acceptor:			Signatu	re:					Time:		Date:			
SEC	<u>URITY</u>					EST	ATE	S & CA	PITAL	DEV	ELOPMEN ⁻	<u> </u>		
I acknowledge receipt of this permit in charge has left the area secure and											eted in accorda d tidy condition	ance with this on.		
Tim	ne:	Date:							Time:		Date:			