



## HOT WORK PERMIT

REF: 0001

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0002

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



# HOT WORK PERMIT

REF: 0003

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0004

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Position: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Contact: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
---	---	--

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Signature: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Valid From:	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
Company: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Permit Issuer: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Valid To:	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Signature: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
--	--	--	--

#### SECURITY

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

<span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span>	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
--	--	--



## HOT WORK PERMIT

REF: **0005**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



# HOT WORK PERMIT

REF: 0006

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0007

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0008

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>





## HOT WORK PERMIT

REF: 0009

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0010**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: **0011**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0012**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0013

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0014**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0015

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0016

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>





## HOT WORK PERMIT

REF: 0017

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0018

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0019

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins   
  60 mins   
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0020**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>



## HOT WORK PERMIT

REF: 0021

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0022

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name:	Position:	Contact:
-------	-----------	----------

### AUTHORISATION AND ACCEPTANCE

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

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

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
------------------	------------	-------	-------

#### SECURITY

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

	Time:	Date:
--	-------	-------

#### ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
--	-------	-------



## HOT WORK PERMIT

REF: 0023

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0024

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--





## HOT WORK PERMIT

REF: 0025

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0026**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0027

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0028**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0029

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins   
  60 mins   
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0030

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



# HOT WORK PERMIT

REF: 0031

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: **0032**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?  YES  NO

Has a method statement 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 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.

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--





## HOT WORK PERMIT

REF: 0033

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0034

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins   
  60 mins   
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0035

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins   
  60 mins   
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0036

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0037**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0038

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0039

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0040**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--





## HOT WORK PERMIT

REF: 0041

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



# HOT WORK PERMIT

REF: **0042**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>



## HOT WORK PERMIT

REF: 0043

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0044

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0045

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0046**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0047

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0048

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins   
  60 mins   
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--





## HOT WORK PERMIT

REF: **0049**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0050

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0051

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0052**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0053

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0054

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0055**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0056

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins   
  60 mins   
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--





## HOT WORK PERMIT

REF: 0057

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



# HOT WORK PERMIT

REF: 0058

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Position: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Contact: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
---	---	--

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Signature: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Valid From:	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
Company: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Permit Issuer: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Valid To:	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Signature: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
--	--	--	--

### SECURITY

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

<span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span>	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
--	--	--

### ESTATES & CAPITAL DEVELOPMENT

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

<span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span>	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
--	--	--



## HOT WORK PERMIT

REF: 0059

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins   
  60 mins   
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0060

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0061

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name:	Position:	Contact:
-------	-----------	----------

### AUTHORISATION AND ACCEPTANCE

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

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

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
------------------	------------	-------	-------

#### SECURITY

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

	Time:	Date:
--	-------	-------

#### ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
--	-------	-------



# HOT WORK PERMIT

REF: **0062**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0063

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



# HOT WORK PERMIT

REF: 0064

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Position: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Contact: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
---	---	--

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Signature: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Valid From:	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
Company: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Permit Issuer: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Valid To:	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Signature: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
--	--	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span>	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span>	Time: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>





## HOT WORK PERMIT

REF: 0065

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0066

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: **0067**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name:	Position:	Contact:
-------	-----------	----------

### AUTHORISATION AND ACCEPTANCE

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

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

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
------------------	------------	-------	-------

**SECURITY**

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

	Time:	Date:
--	-------	-------

**ESTATES & CAPITAL DEVELOPMENT**

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

	Time:	Date:
--	-------	-------



## HOT WORK PERMIT

REF: 0068

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0069

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0070

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



# HOT WORK PERMIT

REF: **0071**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0072

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--





## HOT WORK PERMIT

REF: 0073

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0074

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0075**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>



## HOT WORK PERMIT

REF: 0076

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



# HOT WORK PERMIT

REF: 0077

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 40%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 40%;" type="text"/>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 40%;" type="text"/>
---	---	--	--

### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 40%;" type="text"/>
--	--	--

### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 40%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0078

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0079

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins   
  60 mins   
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0080

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--





# HOT WORK PERMIT

REF: 0081

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0082

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0083

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0084

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0085

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0086**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0087

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0088**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--





## HOT WORK PERMIT

REF: 0089

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0090**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0091**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: **0092**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?  YES  NO

Has a method statement 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 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.

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0093**

Contractor:	Permit Acceptor:	Mobile Number:
Building:	Floor Number:	Corridor:
Room Number(s):		

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

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

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To: Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0094

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0095

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>



## HOT WORK PERMIT

REF: 0096

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--





# HOT WORK PERMIT

REF: 0097

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

## PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

## EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

## AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 40%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 40%;" type="text"/>

## HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 40%;" type="text"/>
---	---	--	--

SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 40%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 95%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 40%;" type="text"/>



## HOT WORK PERMIT

REF: 0098

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment 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 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.

Has a method statement been undertaken for this task?  YES  NO

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: **0099**

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--



## HOT WORK PERMIT

REF: 0100

Contractor:	<input style="width: 95%;" type="text"/>	Permit Acceptor:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Building:	<input style="width: 95%;" type="text"/>	Floor Number:	<input style="width: 95%;" type="text"/>	Corridor:	<input style="width: 95%;" type="text"/>
Room Number(s):	<input style="width: 95%;" type="text"/>				

Job Details:

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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

### PRECAUTIONS

- A smoke/heat detector isolation permit **MAY** be required.
- A Confined Space permit **MAY** be required.
- Security Control **WILL** be informed by the Contractor prior to commencement of the work either in person or by telephone on 0121 204 4803.
- All hot work **WILL** be carried out by appropriately trained and competent persons.
- Appropriate fire extinguishers **WILL** be made available near to the work area. The Contractor **WILL** supply their own extinguisher(s) for this purpose.
- Persons undertaking the work **WILL** be familiar with the nearest means of escape and method of raising the alarm in case of fire.
- Where possible, combustible materials **WILL** be removed from the area, or otherwise suitably protected.
- All adjacent openings **WILL** be protected against the possibility of smoke, fume or sparks passing through them.
- All equipment used in hot work **WILL** be in good order with any cylinders being appropriately secured.

The area **WILL** be monitored throughout the work and inspected after completion of hot works at the interval specified below:

20 mins    
  60 mins    
  120 mins

### EMERGENCY CONTACT *(Person not involved in the work)*

Name: <input style="width: 95%;" type="text"/>	Position: <input style="width: 95%;" type="text"/>	Contact: <input style="width: 95%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Valid From:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	Permit Issuer: <input style="width: 95%;" type="text"/>	Valid To:	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
---	---	--	--

#### SECURITY

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 95%;" type="text"/>	Time: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
--	--	--