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			Pi	RECAUTIO	)NS				WOTKS COI	minencing.
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Aston University	HOT WORK	<u>PERMIT</u>	REF:	0028
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I confirm that I have verified the above informat and the conditions of this authorisation form ha				ut the work as defined above
Permit Acceptor:	Signature:	Valid	d From: Time:	Date:
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	HANDBACK, RECEIPT	AND CANCELLATION	<u>I</u>	
I confirm that the activity has been completed, c	hecked by myself and the area lef	t secure and in a safe and t	idy condition.	
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I acknowledge receipt of this permit having beer in charge has left the area secure and in a safe are			activity has been comp oft secure and in a safe a	oleted in accordance with this and tidy condition.
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ermit Acceptor:		TCUE	IT\/			Signa	iture:				CTAT-		Time:		/FI 05	Date:	
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as a suitable and sufficient risk	assessment been ui	ndertaken f	or this task?	ES O	NO Sa an fiv	3: The Management of Health and fety at Work Regulations 1999 (as nended) require that organisations wi e or more employees record the gnificant findings of assessments and
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onfirm that I have verified the above in the conditions of this authorisation ermit Acceptor:	nformation and ensured	that the neces d to all worker	sary precautions have is involved. I accept re	been taken. It is s	Time:	Date:
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onfirm that the activity has been compared to the compared to	pleted, checked by mysel			fe and tidy condi	tion.	Date:
ermit Acceptor:	ITV	Signature:				
				<b>ESTATES &amp; C</b>	APITAL DE	<u>VELOPMENT</u>
cknowledge receipt of this permit hav charge has left the area secure and in	ving been informed that t		I am satisfied	that the activity h	as been comp	VELOPMENT  leted in accordance with the ind tidy condition.

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Aston University	HOT WO	RK PERMIT		REF.	0031
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Room Number(s):					
Job Details:					
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- A smoke/heat detector isolation permit - A Confined Space permit <b>MAY</b> be requi	MAY be required.	CAUTIONS			
<ul> <li>Appropriate fire extinguishers WILL be extinguisher(s) for this purpose.</li> <li>Persons undertaking the work WILL be Where possible, combustible materials Versions.</li> <li>All adjacent openings WILL be protected.</li> <li>All equipment used in hot work WILL be The area WILL be monitored throoten.</li> </ul>	familiar with the near <b>WILL</b> be removed fro  d against the possibi  e in good order with	rest means of escap m the area, or othe lity of smoke, fume any cylinders being	pe and meth rwise suital or sparks p appropriat	nod of raising oly protected assing throu ely secured.	g the alarm in case of fire. d. ugh them.
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EME	RGENCY CONTACT	(Person not involved	l in the work	·)	
Name:	Position:		Co	ntact:	
I confirm that I have verified the above information and the conditions of this authorisation form have I	and ensured that the nece		been taken. It		out the work as defined above
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I confirm that the activity has been completed, chec			fe and tidy cor	Time:	Date:
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Aston Univer	rsity		HOT W	ORK PE	<u>RMIT</u>			REF	F: <b>(</b>	0032
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Has a method statement been under	taken for this task?	YES	○ NO	identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
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Name:	Position:		Contact:	
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ontractor:	Permit Acceptor:		Mobile Number:	
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Jame:  confirm that I have verified the above informed the conditions of this authorisation for the conditions of the condi	Position:  AUTHORISAT  formation and ensured that the r	recessary precautions have been vorkers involved. I accept respons	Contact:	
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HOT WORK PERMIT  REF: 0035  Contractor: Permit Acceptor: Mobile Number: Corridor:  Building: Floor Number: Corridor:  Has a suitable and sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment been undertaken for this task? YES NO Sufficient risk assessment sufficient risk asses	ns 1999 (as rganisations w record the sessments and at risk. Risk d statements tates & Capital
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A smoke/heat detector isolation permit <b>MAY</b> be required.  A Confined Space permit <b>MAY</b> be required.	
D121 204 4803. All hot work <b>WILL</b> be carried out by appropriately trained and competent persons. Appropriate fire extinguishers <b>WILL</b> be made available near to the work area. The Contractor <b>WILL</b> supply their own extinguisher(s) for this purpose. Persons undertaking the work <b>WILL</b> be familiar with the nearest means of escape and method of raising the alarm in contraction where possible, combustible materials <b>WILL</b> be removed from the area, or otherwise suitably protected. All adjacent openings <b>WILL</b> be protected against the possibility of smoke, fume or sparks passing through them. All equipment used in hot work <b>WILL</b> be in good order with any cylinders being appropriately secured.  The area <b>WILL</b> be monitored throughout the work and inspected after completion of hot works at the interval specified below:  20 mins 60 mins 120 mins	
ame: Position: Contact:	
AUTHORISATION AND ACCEPTANCE  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 the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.  Signature:  Permit Issuer:  Valid From:  Time:  Date:  Date:	fined abov
HANDBACK, RECEIPT AND CANCELLATION	
onfirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.	
Signature: Signature: Time: Date: SECURITY  SECURITY  ESTATES & CAPITAL DEVELOPMENT	
cknowledge receipt of this permit having been informed that the person charge has left the area secure and in a safe and tidy condition.	

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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 of 212 204 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 fix 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)  ame: Position: Contact:  AUTHORISATION AND ACCEPTANCE  onfirm 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 about dithe conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.  Permit Acceptor: Signature: Valid Tro: Time: Date:  HANDBACK, RECEIPT AND CANCELLATION  onfirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.  ESCURITY  Lam satisfied that the activity has been completed in accordance with the permit and the area secure and in a safe and tidy condition.	as a method state	ment k	een u	nderta	ıken	for this	ask?				) YE	S	01	NO	ide ass mu De	ntify those essments a ist be subm velopment	especiall and meth aitted to I Departm	y at risk. Risk od statements states & Capital
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Contractor:	Permit Acceptor:		Mobile Number:	
Building:	Floor Number:		Corridor:	
Room Number(s):				
Job Details:				
Has a suitable and sufficient risk assessme		this task? YES	NO Sa a fi si ic	IB: The Management of Health and afety at Work Regulations 1999 (as mended) require that organisations with we or more employees record the ignificant findings of assessments and lentify those especially at risk. Risk ssessments and method statements nust be submitted to Estates & Capital
			D	Development Department in advance of works commencing.
	PRECAL	JTIONS		
<ul> <li>Appropriate fire extinguishers WILL be rextinguisher(s) for this purpose.</li> <li>Persons undertaking the work WILL be fewhere possible, combustible materials Versions.</li> <li>All adjacent openings WILL be protected.</li> <li>All equipment used in hot work WILL be a monitored through the materials.</li> </ul>	Tamiliar with the nearest  VILL be removed from to against the possibility in good order with any aughout the work and inspected.	means of escape and received area, or otherwise so of smoke, fume or span or cylinders being approach after completion of hot wo	method of raising uitably protected rks passing throug priately secured.	the alarm in case of fire. gh them.
	20 mins 60 mi			
<u>EME</u>	RGENCY CONTACT (Per	rson not involved in the	work)	
Name:	Position:		Contact:	
	AUTHORISATION A	AND ACCEPTANCE		
l confirm that I have verified the above information and the conditions of this authorisation form have b				out the work as defined above
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, chec	ked by myself and the area le	ft secure and in a safe and tic	dy condition.	
Permit Acceptor:	Signature:		Time:	Date:
<u>SECURITY</u>			ES & CAPITAL DE	
I acknowledge receipt of this permit having been in in charge has left the area secure and in a safe and t		I am satisfied that the a permit and the area lef		oleted in accordance with this and tidy condition.
Time:	Date:		Time:	Date:

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Aston University	HOT WORK PERM	<u>IT</u>	REF:	0083
Contractor:	Permit Acceptor:	Mobile	Number:	
Building:	Floor Number:	Corrido	or:	
Room Number(s):				
Job Details:				
Has a suitable and sufficient risk assessr Has a method statement been undertal		?	NO Safi am five sign ide NO mu	The Management of Health and ety at Work Regulations 1999 (as ended) require that organisations with or more employees record the ificant findings of assessments and ntify those especially at risk. Risk essments and meth
				velopment Department in advance of rks commencing.
	PRECAUTIONS			
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<u>EN</u>	<b>ERGENCY CONTACT</b> (Person not in	nvolved in the work)		
Name:	Position:	Conta	act:	
	AUTHORISATION AND ACC	<b>EPTANCE</b>		
l confirm that I have verified the above information and the conditions of this authorisation form hav				t the work as defined above
Permit Acceptor:	Signature:	Valid From:	Time:	Date:
Company:	Permit Issuer:	Valid To:	Time:	Date:
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I confirm that the activity has been completed, ch	ecked by myself and the area left secure an	d in a safe and tidy condit	ion.	
Permit Acceptor:	Signature:		Time:	Date:
<u>SECURITY</u>		ESTATES & CA		
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in charge has left the area secure and in a safe and	d tidy condition. permi	t and the area left secure a	and in a safe ar	

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Aston University		HOT W	ORK I	PERMIT			REI	F: 00	)84
ontractor:		Permit Acceptor:				Mobile	Number:		
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as a method statement been u	ndertaken	for this task?		OY	ΈS	01	NO	identify thos assessments must be sub	se especially at risk. Risk and method statements mitted to Estates & Capital at Department in advance
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Aston University    Permit Acceptor:			Top Co	<b>py:</b> Per	mit Issuer,	Middle	Сор	<b>y :</b> Se	curity, <mark>Bot</mark>	to	m Cop	<b>y :</b> Per	mit Ac	cept	or		
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b Details:    In The Management of Must be provided in the second of the	ontractor:				Permit Ac	ceptor:						Mobile	Numbe	er:			
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As an embod statement been undertaken for this task?  PRECAUTIONS  As moke/heat detector isolation permit MAY be required. As Confined Space permit May be r	as a suitable and s	ufficie	nt risk a	issessme	ent been u	ndertak	en fo	r this	task?	YES	5	01	NO	Sat am five	fety at Wor nended) red e or more d	k Regulat quire that employee	ions 1999 (as organisations w s record the
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 or 2012 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 fit 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)  ame: Position: Contact:  AUTHORISATION AND ACCEPTANCE  onfirm 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 about the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.  Signature: Valid To: Time: Date:  HANDBACK, RECEIPT AND CANCELLATION  onfirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.  ESCURITY  Lam satisfied that the activity has been completed in accordance with the person charge has left the area secure and in a safe and tidy condition.	as a method state	ment b	een ur	dertake	n for this to	ask?			0	YES	5	01	NO	ide ass mu De	entify those sessments ust be subrevelopmen	e especial and meth nitted to I t Departm	y at risk. Risk od statements Estates & Capital
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Security Control WILL be informed by the Contractor prior to commencement of the work either in person or by to 121 204 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 over extinguisher(s) for this purpose.  Persons undertaking the work WILL be familiar with the nearest means of escape and method of raising the alarm 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	vn in case of fir
ame: Position: Contact:	
AUTHORISATION AND ACCEPTANCE  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 and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.  Signature:  Valid From: Time:	as defined above
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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 of 121 204 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 form 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:  2 0 mins 60 mins 120 mins  EMERGENCY CONTACT (Person not involved in the work)  ame: Position: Contact:  WITHORISATION AND ACCEPTANCE  onfirm that have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined about 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:  HANDBACK, RECEIPT AND CANCELLATION  onfirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.  ESCURITY  I am satisfied 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:  ESTATES & CAPITAL DEVELOPMENT  I am satisfied that the activity has been completed in accordance with the permit and the area left secure and in a safe and tidy condition.	as a method state	ment k	een ur	dertake	n for this t	ask?			0	YES	S	01	NO	ide as: mi De	entify those sessments ust be subrevelopmen	e especial and meth nitted to I t Departm	ly at risk. Risk od statements Estates & Capital
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