		Top C	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, Bot	tom	Copy: Per	rmit Ac	ceptor		
Aston Universi	ty		<u>R</u> (OOF	<u>ACC</u>	<u>ESS</u>	REQU	EST FO	RM		REF:	0001		
Organisation:				Permit	t Accep	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	nent	○ And	cillar	y Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work	(
NB	: For any	work ty	pe other ti	nan 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	ight	Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especia and meth mitted to nt Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
					HAZA	RDS	AND PRE	CAUTIONS	5					
Are all persons r	equiring i	roof ac	cess train	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate cloth	ng and	l footv	vear?						○ YES		○ NO
additional edg	je protect	tion re	quired?									○ YES		○ NO
personal fall a	rrest equi	pmen	t required?	•								○ YES		○ NO
s there a risk of	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many perso	ons requi	re acce	ess to the I	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	ion:					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have and the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				V	alid From:	Time:		Date	
Company:				Permit Is:	suer:				V	alid To:	Time:		Date:	
				HAND	BACK	, REC	EIPT ANI	CANCELL	ATI	<u>ON</u>				
confirm that the ac	tivity has be	en com	pleted, chec	ked by m	yself ar	d the	area left sec	ure and in a sa	afe ar	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
		SECUR								ATES & CA				
acknowledge receil n charge has left the						oerson		I am satisfied permit and th						
		Time:] Date:							Time:] Date:	

		Top C	opy : Per	mit Issu	uer, <mark>Mid</mark>	dle (Copy:Se	curity, Botto	om C	opy:Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u>	OOF	ACCE	<u>SS</u>	REQU	EST FOR	<u>RM</u>		REF:	0002)	
Organisation:				Perm	it Accepto	or:				Mobile:				
Building:				Roof	Access Po	int:				2nd Escap	oe Route:	:		
VORK TYPE:	○ Inspe	ection/	'Survey	С) Refurbi	shm	ent	○ Anci	illary	Works		○ Mair	ntenar	nce
	○ Clear	ning		С) Strippiı	ng &	Dismantl	ing 🔿	Shor	t-Duratio	n Work	(
NB	For any	work ty	pe other	than 'In	spection	/Sur	vey', a 'Wo	orking at Hei	ght' l	Permit to v	vork M	AY be requ	ired.	
las a suitable ar las a method st						rtake	n for this	task? YE		10		Safety at Wo amended) re five or more significant fii identify thos assessments must be sub	rk Regular equire that employee ndings of e especial and meth mitted to at Departn	of Health and citions 1999 (as c organisations wi is record the assessments and ly at risk. Risk nod statements Estates & Capital nent in advance o
					HAZAF	RDS /	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	d compe	tentî	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ning an	d footw	ear?						○ YES		○ NO
additional edg	ge protect	tion re	quired?									○ YES		○ NO
s personal fall a	rrest equi	ipmen	t required	l?								○ YES		○ NO
s there a risk of	falling ma	aterial	?									○ YES		○ NO
s Personal Prote	ective Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on th	e roof?	,							○ YES		○ NO
f yes, is there a i	risk from l	hazard	ous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ratio	n of this	task?						
							ENCY CO	NTACTS rith the work)						
Name:				Posi	tion:					Conta	act:			
				AL	JTHORI	SATI	ON AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												rry out the w	ork as c	lefined above
Permit Acceptor:				Signatu	re:				Val	id From:	Time:		Date:	
Company:				Permit I	ssuer:				Val	id To:	Time:		Date:	
				HAND	DBACK,	RECI	EIPT AND	CANCELLA	ATIO	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, che	cked by r	myself and	I the a	rea left sec	ure and in a saf	e and	tidy condit	ion.			
					Si	ignatu	ıre:				Time:		Date:	
Permit Acceptor:									CTA	TEC O. C.	DITAL			
		SECUR			ela a de d							DEVELOR		
acknowledge recein	pt of this pe	ermit hav	ving been ir			erson		l am satisfied t permit and the	hat th	e activity ha	as been c	ompleted in	accord	ance with thi

ston Universi	ty		R	OOF A	ACC	<u>ESS</u>	REQU	<u>JEST</u>	<u>FOR</u>	<u>M</u>		REF:	0003	3	
rganisation:				Permit	Accept	or:					Mobile:				
uilding:				Roof A	ccess P	oint:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspect	ion/Su	ırvey	<u></u> ○ F	Refurb	ishm	nent) Ancil	lary	Works		○ Maiı	ntenar	nce
	Cleanin	g		09	Stripp	ing &	Dismant	tling	09	Shor	t-Duratio	n Worl	(
NB	For any wo	rk type	e other ti	nan 'Ins _i	pectio	n/Sur	vey', a 'W	orking (at Heig	ht' P	ermit to v	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for thi	s task?	○ YE		10		Safety at Wo amended) re five or more significant fi identify tho assessments must be sub	ork Regular equire that employee Indings of se especial and meth emitted to	of Health and tions 1999 (as t organisations as record the assessments an lly at risk. Risk nod statements Estates & Capitanent in advance
				ļ	HAZA	RDS	AND PRI	ECAUT	<u>IONS</u>				works comn	nencing.	
re all persons r	equiring roo	of acce	ess train	ed and o	compe	etent	:?						○ YES		○ NO
re the weather	conditions	accep	table?										○ YES		○ NO
re all persons v	vearing app	ropria	te cloth	ng and	footw	vear?							○ YES		○ NO
additional edg	ge protection	n requ	iired?										○ YES		○ NO
personal fall a	rrest equipn	nent re	equired)									○ YES		○ NO
there a risk of	falling mate	rial?											○ YES		○ NO
Personal Prote	ctive Equip	ment	(PPE) red	quired?									○ YES		○ NO
re there any du	ıcts, flues or	outle	ts on the	roof?									○ YES		○ NO
yes, is there a r	risk from haz	zardou	us fumes	?									○ YES		○ NO
low many pers	ons require	access	s to the	oof for	the d	uratio	on of this	task?							
							ENCY CO								
lame:				Positi							Conta	ıct:			
				ΔΙΙ	LHUB	ICAT	ION AND	ACCE	DT A NA	CE					
confirm that I have	verified the ab	ove info	ormation a								aken. It is s	afe to ca	rrv out the w	ork as c	defined abo
nd the conditions o													,		
ermit Acceptor:				Signature	:					Vali	d From:	Time:		Date:	
Company:				Permit Iss	uer:					Vali	d To:	Time:		Date:	
				HANDI	BACK	REC	EIPT AN	D CAN	CELLA	TIOI	<u>N</u>				
confirm that the ac	tivity has been	comple	eted, chec	ked by my	yself an	d the	area left sed	cure and	in a safe	and	tidy condit	on.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SEC	CURIT	Y						<u>E</u>	STA	TES & CA	PITAL	DEVELO	PMEN [®]	<u>T</u>
		it havin	a heen int	ormed th	at the r	orson	7	Lam sat	isfied th	at the	activity ha	s been o	ompleted in	accord	ance with th
cknowledge recei charge has left the													safe and tidy		

		ТорС	opy: Per	mit Issu	uer, Mi	ddle	Copy:Se	curity, <mark>Bott</mark>	om (Copy: Per	mit Aco	ceptor		
Aston Universi	ty		<u>R</u>	<u>00F</u>	ACC	ESS	REQU	EST FOF	<u>RM</u>		REF:	0004	ļ	
Organisation:				Perm	it Accept	or:				Mobile:				
Building:				Roof	Access P	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	'Survey	C	Refurb	ishm	nent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clear	ning		С	Stripp	ing &	Dismant	ling (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'In:	spectio	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		OI		Safety at Wo amended) ro five or more significant fi identify thosassessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTIONS						
Are all persons re	equiring	roof ac	cess train	ed and	l comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
are all persons v	vearing a	pprop	riate cloth	ing an	d footv	vear?						○ YES		○ NO
s additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling ma	aterial	?									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	cts, flues	or out	lets on th	e roof?	1							○ YES		○ NO
f yes, is there a r	isk from l	hazard	lous fume	s?								○ YES		○ NO
How many perso	ons requi	ire acc	ess to the	roof fo	r the d	uratio	on of this	task?			J			
							ENCY CO	NTACTS vith the work)						
Name:				Posi	tion:					Conta	act:			
				AL	JTHOR	ISAT	ION AND	ACCEPTAN	ICE					
confirm that I have and the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signatu	re:				Va	lid From:	Time:		Date:	
Company:				Permit Is	ssuer:				Va	lid To:	Time:		Date:	
				HAND	DBACK	, REC	EIPT ANI	CANCELL	ATIC	<u>DN</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by n	nyself an	d the	area left sec	ure and in a sa	fe and	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
	9	SECUR	RITY									DEVELO		
acknowledge receip n charge has left the						person		I am satisfied to permit and the						

			D	OOF A	۸۸۲	=55	REQU	FST	OP.	M		REF:	0005	•	
ston Universi	ty		IX	<u> </u>	100		NLQU	LJII	OIL			INLI.	000	,	
rganisation:				Permit	Accept	or:					Mobile:				
uilding:				Roof A	ccess Po	oint:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspecti	on/Su	irvey	○ F	Refurb	ishm	nent	0	Ancil	lary W	/orks		○ Mai	ntenar	nce
	Cleanin	g		09	Strippi	ng &	Dismant	ling	05	Short-	Duratio	n Worl	<		
NB	For any wo	rk type	other t	han 'Ins _t	pection	n/Sur	vey', a 'W	orking a	t Heig	ht' Pe	rmit to v	vork M	AY be requ	iired.	
															of Health and
las a suitable ar	nd sufficient	risk as	ssessme	nt been	unde	rtake	en for this	task?	YES	5	\bigcirc 1	10	amended) r five or more	equire that employee	tions 1999 (as t organisations v es record the assessments and
as a method st	atement bee	en und	dertakeı	n for thi	s task?	•		(YES	5	01	10	identify tho assessment must be sub	se especial s and meth mitted to nt Departn	lly at risk. Risk nod statements Estates & Capita nent in advance
					HAZA	RDS	AND PRE	CAUTIO	<u>ONS</u>				WORKS COM	ichenig.	
re all persons re	equiring roo	of acce	ess traine	ed and o	compe	etent	:?						○ YES		○ NO
re the weather													○ YES		○ NO
re all persons v	vearing appi	ropria	te cloth	ing and	footw	ear?							○ YES		○ NO
additional edg	ge protection	n requ	ired?										○ YES		○ NO
personal fall a	rrest equipm	nent re	equired	?									○ YES		○ NO
there a risk of	falling mate	rial?											○ YES		○ NO
Personal Prote	ective Equipr	ment ((PPE) red	quired?									○ YES		○ NO
re there any du	ıcts, flues or	outlet	ts on the	e roof?									○ YES		○ NO
yes, is there a r	risk from haz	ardou	ıs fumes	;?									○ YES		○ NO
low many perso	ons require a	access	to the	oof for	the du	ıratio	on of this	task?							
							ENCY CO								
lame:				Positi	Г						Conta	oct:			
varrie.				POSILI	011.						Conta	ict			
				<u>AU</u>	THOR	SAT	ION AND	ACCEP	TANG	<u>CE</u>					
confirm that I have nd the conditions o													rry out the v	ork as c	defined abov
ermit Acceptor:				Signature	:					Valid	From:	Time:		Date:	
Company:				Permit Iss	uer:					Valid	То:	Time:		Date:	
				HANDI	BACK,	REC	EIPT ANI	D CANC	ELLA	TION					
confirm that the act	tivity has been	comple	eted, chec									on.			
ermit Acceptor:						ignat	ure:					Time:		Date:	
	SEC	URIT	<u>Y</u>						<u>E</u> :	STAT	ES & CA	PITAL	DEVELO	PMEN'	Ţ
cknowledge receip charge has left the						erson							completed ir safe and tidy		

			RC	OF A	CCE	ςς p	REQU	EST F	ORI	м		REF:	0000		
ston Universi	ty		110	<u> </u>	CCL	<u> </u>	ILQU	LJII				INLI.	0000		
rganisation:				Permit A	cceptor	: [M	obile:				
uilding:				Roof Ac	cess Poi	nt:				2r	nd Escap	e Route	:		
ORK TYPE:	○ Inspection	on/Surv	ey	○ Re	efurbis	hmer	nt	\bigcirc	Ancill	ary Wo	orks		○ Mai	ntenar	nce
	○ Cleaning	9		◯ St	rippin	g & Di	ismant	ling	⊜ S	hort-D	uratio	n Worl	<		
NB	: For any wor	k type o	ther th	an 'Insp	ection/	Surve	y', a 'Wo	orking at	Heig	ht' Perr	nit to v	vork M	AY be requ	uired.	
															of Health and
as a suitable ar	d sufficient	risk asse	essmer	nt been	under	aken	for this	task?	YES	5	<u> </u>	10	amended) r	equire that employee	tions 1999 (as t organisations v es record the assessments and
as a method st	atement bee	n unde	rtaken	for this	task?				YES	5	○ N	10	identify tho assessment must be sul	se especial s and meth omitted to nt Departn	assessifierts and lly at risk. Risk nod statements Estates & Capita nent in advance
				<u>H</u>	AZAR	DS AN	ND PRE	CAUTIO	NS				WORKS COITII	nericing.	
re all persons re	equiring roo	f access	traine	d and co	ompet	ent?							○ YES		○ NO
re the weather					<u> </u>								YES		○ NO
re all persons v	earing appr	opriate	clothii	ng and f	ootwe	ar?							○ YES		○ NO
additional edg	e protection	require	ed?										○ YES		○ NO
personal fall a	rest equipm	ent req	uired?										○ YES		○ NO
there a risk of	falling mater	ial?											○ YES		○ NO
Personal Prote	ctive Equipn	nent (PF	PE) req	uired?									○ YES		○ NO
re there any du	cts, flues or	outlets	on the	roof?									○ YES		○ NO
yes, is there a r	isk from haz	ardous f	fumes	?									YES		○ NO
low many perso	ons require a	ccess to	the r	oof for t	he dur	ation	of this	task?							
				(NTACTS							
lama								Turi tric we			Conta				
lame:				Positio	on:						Conta				
				AUT	HORIS	ATIO	N AND	ACCEP1	ANC	Œ					
confirm that I have nd the conditions o													rry out the v	vork as c	defined abov
ermit Acceptor:			S	ignature:						Valid F	rom:	Time:		Date:	
ompany:			P	ermit Issu	er:					Valid T	ō:	Time:		Date:	
			<u>_</u>	HANDB	ACK, F	RECEI	PT ANI	CANCE	LLA	TION					
confirm that the ac	ivity has been o	completed	d, check	ed by mys	elf and	the area	a left sec	ure and in	a safe	and tidy	/ conditi	on.			
ermit Acceptor:					Sig	ınature	e:					Time:		Date:	
	SEC	<u>URITY</u>							<u>E</u> :	STATE:	5 & CA	PITAL	DEVELO	PMEN	<u>T</u>
cknowledge receip charge has left the						rson							completed ir safe and tidy		

											ceptor 		
ston Universi	ty		RC	OF A	CCES	S REQU	EST FOR	<u>M</u>		REF:	0007	•	
rganisation:				Permit Ad	cceptor:				Mobile:				
uilding:				Roof Acce	ess Point:				2nd Escap	e Route	:		
ORK TYPE:	○ Inspection	on/Surve	y	○ Re	furbish	ment	○ Ancil	lary W	Vorks		○ Mair	itenar	ice
	○ Cleaning	ı		⊜ Str	ripping	& Dismant	ling OS	Short-	Duratio	n Worl	(
NB	: For any wor	k type ot	her th	an 'Inspe	ction/Su	ırvey', a 'W	orking at Heig	ht' Pe	rmit to v	vork M	AY be requ	ired.	
las a suitable ar las a method st						en for this	s task? YE		01		Safety at Wo amended) re five or more significant fii identify thos assessments must be sub	rk Regulat quire that employee ndings of a e especial and meth mitted to t Departn	of Health and ions 1999 (as organisations v s record the assessments and ly at risk. Risk od statements Estates & Capita eent in advance
				<u>H/</u>	AZARD:	S AND PRE	CAUTIONS						
re all persons r	equiring roof	access t	raine	d and co	mpeter	ıt?					○ YES		○ NO
re the weather	conditions a	cceptab	le?								○ YES		○NO
re all persons v	earing appr	opriate c	lothir	ng and fo	otwear	?					○ YES		○NO
additional edg	e protection	require	d?								○ YES		○NO
personal fall a	rest equipm	ent requ	ired?								○ YES		○NO
there a risk of	falling mater	ial?									○ YES		○NO
Personal Prote	ctive Equipn	nent (PPI	E) req	uired?							○ YES		○NO
re there any du	cts, flues or o	outlets o	n the	roof?							○ YES		○NO
yes, is there a r	isk from haza	ardous fu	ımes	?							○ YES		○NO
low many perso	ons require a	ccess to	the ro	oof for th	e durat	ion of this	task?						
				(P		GENCY CO	NTACTS vith the work)						
lame:				Position	n:				Conta	nct:			
				AUTH	IORISA	TION AND	ACCEPTAN	CE					
confirm that I have				nd ensured	that the	necessary pre	ecautions have b	een tal			rry out the w	ork as d	lefined abov
nd the conditions o	f this authorisat	ion form h	ave be	en explain	ed to all v	orkers invol	ved. I accept resp	onsibi	lity for th	s work.			
ermit Acceptor:			s	ignature:				Valid	From:	Time:		Date:	
Company:			P	ermit Issue	er:			Valid	То:	Time:		Date:	
				HANDBA	CK, RE	CEIPT ANI	O CANCELLA	TION					
confirm that the ac	tivity has been o	ompleted,	check	ed by myse	elf and the	e area left sec	ure and in a safe	and ti	dy condit	ion.			
ermit Acceptor:					Signa	ature:				Time:		Date:	
	CEC	URITY					E	STAT	ES & CA	PITAL	DEVELOR	MEN.	Τ
	SEC	<u>OIIII I</u>					_						_
icknowledge receil charge has left the	ot of this permit	having be				n	I am satisfied th permit and the	at the a		s been o	ompleted in	accord	ance with tl

		ТорС	opy:Perr	nit Issu	ıer, Mi	ddle	Copy:Se	curity, Bot	tom	Copy: Per	rmit Ac	ceptor		
Aston Universi	ty		<u>R</u> (00F	<u>ACC</u>	ESS	REQU	EST FO	RM		REF:	0008	3	
Organisation:				Permi	t Accep	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	nent	○ An	cilla	y Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work	<u> </u>		
NB	: For any	work ty	pe other ti	han 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	eight	Permit to	work M .	AY be requ	iired.	
Has a suitable ar Has a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTION	<u>S</u>					
Are all persons r	equiring I	roof ac	cess train	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate cloth	ing and	d footv	vear?						○ YES		○ NO
additional edg	je protect	tion re	quired?									○ YES		○ NO
s personal fall a	rrest equi	pmen	t required	?								○ YES		○ NO
s there a risk of	falling ma	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?	?							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	e roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	5?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the	roof for	r the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	tion:					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have nd the conditions c												rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	e:				V	alid From:	Time:		Date:	
Company:				Permit Is	suer:				V	alid To:	Time:		Date:	
				HAND	BACK	, REC	EIPT ANI	O CANCELI	ATI	<u>ON</u>				
confirm that the ac	tivity has be	en com	pleted, chec	ked by m	nyself ar	d the	area left sec	ure and in a s	afe ar	nd tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
		SECUR								ATES & CA				
acknowledge recei n charge has left the						oerson		I am satisfied permit and th						
		Time:		Date:							Time:		Date:	

		Top C	opy:Perr	nit Issu	er, Mi	ldle	Copy:Se	curity, <mark>Bott</mark>	om	Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u> (OOF A	ACC	ESS	REQU	EST FOI	<u>RM</u>		REF:	0009)	
Organisation:				Permit	t Accept	or:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurb	ishm	ent	○ And	illar	y Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ng &	Dismant	ling C	Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	pectio	า/Sur	vey', a 'Wo	orking at He	ight'	Permit to 1	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZA	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	comp	etent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	ppropi	riate cloth	ing and	l footw	/ear?						○ YES		○ NO
s additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling ma	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	cts, flues	or out	lets on the	e roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	;?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Positi	ion:					Conta	act:			
				AU'	THOR	ISAT	ION AND	ACCEPTAN	ICE					
confirm that I have and the conditions c												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				Va	lid From:	Time:		Date:	
Company:				Permit Iss	suer:				Va	lid To:	Time:		Date:	
				<u>HAND</u>	BACK	REC	EIPT ANI	CANCELL	ATIO	<u>ON</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	yself an	d the a	area left sec	ure and in a sa	fe an	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed th	nat the r	erson		I am satisfied		ATES & CA				
n charge has left the								permit and th						
		1 7		- 1	_						. =			

		Top C	opy:Pern	nit Issue	er, Mid	dle	Copy:Se	curity, <mark>Bot</mark>	tom	Copy: Pe	rmit Ac	ceptor		
Aston Universit	ty		RO	OOF A	ACCE	SS	REQU	EST FO	RN	<u>l</u>	REF:	0010)	
Organisation:				Permit	Accepto	or:				Mobile:				
Building:				Roof A	ccess Po	int:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	○ F	Refurbi	shm	ent	○ And	cilla	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		09	Strippii	ng &	Dismant	ling () Sh	ort-Duratio	n Work			
NB	: For any	work ty	pe other th	nan 'Ins _t	pection	/Sur	vey', a 'Wo	orking at He	igh	t' Permit to	work M	AY be requ	iired.	
las a suitable an						rtake	en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations we se record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
				<u> </u>	HAZAF	RDS	AND PRE	CAUTIONS	5					
Are all persons re	equiring	roof ac	cess traine	ed and o	compe	tent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons w	earing a	ppropi	riate clothi	ng and	footw	ear?						○ YES		○ NO
additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall ar	rest equi	ipmen	t required?	ı								○ YES		○ NO
s there a risk of 1	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	cts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many perso	ons requi	re acce	ess to the r	oof for	the du	ratio	on of this	task?				L		
							ENCY CO	NTACTS vith the work)						
Name:				Positi				<u> </u>		Conta	act:			
				AU1	THORI	SAT	ION AND	ACCEPTA	NCE					
confirm that I have and the conditions o				nd ensur	ed that t	the ne	ecessary pre	cautions have	e bee	en taken. It is s		rry out the w	ork as o	defined above
Permit Acceptor:				Signature	:				V	alid From:	Time:		Date:	
Company:				Permit Iss	uer:				V	alid To:	Time:		Date:	
				HANDI	ВАСК,	REC	EIPT AND	CANCELL	ATI	ON				
confirm that the act	ivity has be	een com	pleted, checl	ked by my	yself and	l the a	area left sec	ure and in a sa	afe aı	nd tidy condit	ion.			
Permit Acceptor:					Si	ignat	ure:				Time:		Date:	
acknowledge receip	ot of this pe		ing been inf			erson		I am satisfied	that		as been c	ompleted in	accord	ance with thi
n charge has left the	area secur	e and in	a safe and ti	ay condit	ion.		_	permit and th	e are	ea left secure	and in a s	ate and tidy	conditi	on.
		Time:		Date:							Time:		Date:	

ļ		Гор С	opy : Pe	rmit Iss	suer, Mi	ddle	Copy : Se	curity, <mark>Bo</mark>	tto	m Co	py : Per	mit Ac	ceptor		
aston Universi	ty		<u>F</u>	ROOF	F ACC	ESS	REQU	EST FO	<u>)R</u>	<u>M</u>		REF:	001	1	
Organisation:				Perr	mit Accep	tor:					Mobile:				
uilding:				Roo	of Access P	oint:					2nd Escap	e Route	::		
ORK TYPE:	○ Inspec	ction/	Survey	(Refurk	oishm	nent	○ A	ncil	lary W	orks/		○ Mai	ntenar	nce
	○ Clean	ing		(Stripp	ing &	ι Dismant	ling	() S	hort-	Duratio	n Wor	k		
NB	: For any w	vork ty	pe other	than 'lı	nspectio	n/Sur	vey', a 'W	orking at F	leig	ht' Pei	rmit to v	vork M	I AY be req	uired.	
las a suitable ai las a method st							en for this		YES		01		Safety at W amended) five or mor significant identify the assessmen must be su	ork Regula require tha e employer findings of se especia s and metl bmitted to ent Departr	of Health and tions 1999 (as t organisations was record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTIO	<u>IS</u>						
re all persons r	equiring r	oof ac	cess trai	ned an	ıd comp	etent	:?						○ YES		○ NO
re the weather	condition	s acce	ptable?										○ YES		○ NO
re all persons v	vearing ap	propr	iate clot	hing aı	nd footv	vear?							○ YES		○ NO
additional edo	ge protecti	ion red	quired?										○ YES		○ NO
personal fall a	rrest equip	oment	require	d?									○ YES		○ NO
there a risk of	falling ma	terial?	ı										○ YES		○ NO
Personal Prote	ective Equi	ipmen	nt (PPE) r	equire	d?								○ YES		○ NO
re there any du	ıcts, flues o	or out	lets on t	he roof	f?								○ YES		○ NO
yes, is there a	risk from h	azard	ous fum	es?									○ YES		○ NO
low many pers	ons requir	e acce	ess to the	e roof f	or the d	uratio	on of this	task?							
							ENCY CO	NTACTS vith the wor	k)						
Name:				Pos	sition:						Conta	nct:			
				A	UTHOR	ISAT	ION AND	ACCEPT	ANC	CE.					
confirm that I have	verified the	above i	nformatio								en. It is s	afe to ca	erry out the	vork as o	defined abov
nd the conditions o	of this author	isation	form have	been ex	kplained to	all wo	orkers invol	ved. I accept	resp	onsibil	ity for thi	s work.			
ermit Acceptor:				Signat	ure:					Valid	From:	Time:		Date:	
Company:				Permit	t Issuer:					Valid	То:	Time:		Date:	
				HAN	IDBACK	, REC	EIPT ANI	O CANCE	LLA	TION					
confirm that the ac	tivity has bee	en com	pleted, che	ecked by	/ myself ar	d the	area left sec	ure and in a	safe	and tio	dy condit	ion.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
		ECUR											DEVELO		
acknowledae recei	pt of this per	mit hav	ing been i	nformed	that the	person	1	I am satisfie	d th	at the a	ctivity ha	s been	completed i	n accord	ance with th
charge has left the	e area secure			tidy con				permit and	the a	area lef	t secure a	and in a	safe and tid		

		Top C	opy:Pern	nit Issue	er, Midd	le C	opy: Se	curity, <mark>Bott</mark>	om	Copy: Per	rmit Ac	ceptor		
Aston Universit	ty		RO	OOF A	ACCE!	<u>SS I</u>	REQU	EST FOI	RM		REF:	0012	2	
Organisation:				Permit	Acceptor:	:				Mobile:				
Building:				Roof Ad	ccess Poin	nt:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	○ F	Refurbis	hme	nt	○ And	illar	y Works		○ Mair	ntenar	nce
	○ Clear	ning		\bigcirc S	Stripping	g & C	Dismantl	ing C	Sho	ort-Duratio	n Work			
NB	: For any	work ty	pe other th	nan 'Insp	pection/	Surve	ey', a 'Wo	orking at He	ight	'Permit to	work M	AY be requ	iired.	
las a suitable an						aken	n for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed indings of the especial and methal mitted to int Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
				ŀ	HAZARI	OS A	ND PRE	CAUTIONS	<u> </u>					
Are all persons re	equiring	roof ac	cess traine	ed and o	ompete	ent?						○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons w	earing a	ppropi	riate clothi	ng and	footwe	ar?						○ YES		○ NO
additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall ar	rest equi	pmen	t required?									○ YES		○ NO
s there a risk of f	alling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	cts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many perso	ons requi	re acce	ess to the r	oof for	the dura	ation	of this	task?						
								NTACTS rith the work)						
Name:				Position	on:					Conta	act:			
				AUT	THORIS	ATIC	ON AND	ACCEPTAI	NCE					
confirm that I have nd the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	:				Vá	alid From:	Time:		Date:	
Company:				Permit Iss	uer:				Vä	alid To:	Time:		Date:	
				HANDE	BACK, R	ECE	IPT AND	CANCELL	ATI	<u>ON</u>				
confirm that the act	ivity has be	en com	pleted, checl	ed by my	self and t	he are	ea left seci	ure and in a sa	fe an	d tidy condit	ion.			
Permit Acceptor:					Sig	natur	e:				Time:		Date:	
acknowledge receip	ot of this pe		/ing been inf			son		l am satisfied	that		as been c	ompleted in	accord	ance with thi
n charge has left the	area secur	e and in	a sare and ti	1 г	ion.	\dashv		permit and th	e are	a iert secure	and in a s	are and tidy	conditi	on.
		Time:		Date:							Time:		Date:	:

		Top C	opy:Per	mit Issu	ıer, <mark>Mid</mark>	dle (Copy:Se	curity, Bott	om (Copy: Per	mit Aco	ceptor		
Aston Universi	ty		<u>R</u>	<u>00F</u>	ACCE	<u>SS</u>	REQU	EST FOR	<u>RM</u>		REF:	0013	3	
Organisation:				Permi	it Accepto	or:				Mobile:				
Building:				Roof A	Access Po	int:				2nd Escar	oe Route:			
WORK TYPE:	○ Inspe	ection/	Survey	0	Refurbi	shm	ent	○ Anc	illary	Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippir	ng &	Dismant	ing (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	spection	/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M	AY be requ	iired.	
las a suitable ar las a method st						rtake	en for this	task? YE		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZAF	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	tent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	earing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equ	ipmen [.]	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired?	?							○ YES		○ NO
Are there any du	cts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a ı	isk from	hazard	ous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ratio	on of this	task?			J			
							ENCY CO	NTACTS vith the work)						
Name:				Posit	tion:					Conta	act:			
				AU	THORI:	SATI	ION AND	ACCEPTAN	ICE					
confirm that I have and the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	·e:				Va	lid From:	Time:		Date:	
Company:				Permit Is	ssuer:				Va	lid To:	Time:		Date:	
				HAND	BACK,	REC	EIPT AND	CANCELLA	ATIC	<u>ON</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	nyself and	I the a	area left sec	ure and in a saf	e and	l tidy condit	ion.			
Permit Acceptor:					Si	ignatı	ure:				Time:		Date:	
and on a section 1		SECUR		6	المعدا							DEVELOR		
acknowledge recein n charge has left the						erson		I am satisfied t permit and the						
		1						permit and the					-	

			D/	OE A	CCES	S DEOL	EST FOR	N/I		REF:	0014		
ston Universi	ty		<u>nc</u>	JUF A	CCES	S KEQU	ESI FUR	<u>IVI</u>		KEF:	0014	•	
rganisation:				Permit Ad	cceptor:				Mobile:				
uilding:				Roof Acc	ess Point:				2nd Escap	e Route	:		
ORK TYPE:	○ Inspection	n/Surve	≘y	○ Re	furbish	ment	○ Anci	lary V	Vorks		○ Mair	itenar	ice
	Cleaning	1		⊜ Stı	ripping	& Dismant	ling 0	Short-	Duratio	n Work	(
NB	: For any wor	k type ot	her th	an 'Inspe	ction/Su	ırvey', a 'W	orking at Heig	iht' Pe	rmit to v	vork M	AY be requ	ired.	
as a suitable ar as a method st						en for this	s task? YE		10		Safety at Wo amended) re five or more significant fir identify thos	rk Regulat quire that employee ndings of a e especial	assessments and ly at risk. Risk
as a method st	atement bee	ii uiidei	laken	101 (1115 (.ask:					NO	must be sub	mitted to t Departn	od statements Estates & Capita nent in advance
				<u>H/</u>	AZARD:	S AND PRI	ECAUTIONS						
re all persons r	equiring roof	access 1	traine	d and co	mpeter	nt?					○ YES		○ NO
re the weather	conditions a	cceptab	le?								○ YES		○ NO
re all persons v	earing appro	opriate o	lothir	ng and fo	otwear	?					○ YES		○ NO
additional edg	e protection	require	d?								○ YES		○ NO
personal fall a	rest equipm	ent requ	uired?								○ YES		○ NO
there a risk of	falling materi	al?									○ YES		○ NO
Personal Prote	ctive Equipm	nent (PP	E) req	uired?							YES		○ NO
re there any du	cts, flues or o	outlets o	n the	roof?							○ YES		○ NO
yes, is there a r	isk from haza	rdous f	umes	?							○ YES		○ NO
low many perso	ons require a	ccess to	the re	oof for th	ne durat	ion of this	task?						
				(P		GENCY CO	NTACTS with the work)						
lame:				Position			The Worky		Conta	oct.			
Court had the	······································	: 6-					ACCEPTAN		L	· · · · ·			-Constant
confirm that I have nd the conditions o											rry out the w	ork as c	letined abov
ermit Acceptor:			S	ignature:				Valid	l From:	Time:		Date:	
ompany:] P	ermit Issue	er:			Valid	l To:	Time:		Date:	
				HANDB <i>A</i>	ACK, RE	CEIPT AN	D CANCELLA	TION	<u> </u>				
confirm that the ac	ivity has been c	ompleted	, check	ed by myse	elf and the	e area left sec	cure and in a safe	and ti	dy condit	ion.			
ermit Acceptor:					Signa	ature:				Time:		Date:	
	SEC	URITY					E	STAT	ES & CA	PITAL	DEVELOF	MEN	<u> </u>
cknowledge receip charge has left the	ot of this permit	having be				on	I am satisfied the permit and the						

			R	OOF	ACC	ESS	REQU	JEST	FOR	M		REF:	0015	5	
ston Universi	ty			<u> </u>	/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1120		<u>. </u>				0013		
organisation:				Permi	it Accep	tor:					Mobile:				
uilding:				Roof	Access P	oint:					2nd Escap	e Route			
ORK TYPE:	○ Inspect	ion/S	Survey	C	Refurk	oishm	nent) Ancil	lary '	Works		○ Mair	ntenar	nce
	Cleanin	ıg		0	Stripp	ing &	Dismant	tling	09	Short	:-Duratio	n Work	ζ		
NB	: For any wo	ork typ	oe other	than 'In:	spectio	n/Sur	vey', a 'W	orking (at Heig	ht' P	ermit to v	vork M	AY be requ	iired.	
as a suitable ar	nd sufficient	risk	assessm	ent hee	n unde	ertake	en for thi	s task?	○ YE	ς ς	10	NO	Safety at Wo	rk Regula	of Health and tions 1999 (as t organisations v
								o tasiti					five or more significant fi	employee ndings of	es record the assessments an
las a method st	atement be	en ui	ndertake	n for th	is task	?			○ YE	S	10	NO	assessments must be sub	and meth mitted to nt Departn	ly at risk. Risk nod statements Estates & Capita nent in advance
					HAZA	RDS	AND PR	ECAUT	<u>IONS</u>						
re all persons r	equiring roo	of acc	ess trair	ed and	comp	etent	:?						○ YES		○ NO
re the weather	conditions	acce	ptable?										○ YES		○ NO
re all persons v	vearing app	ropri	ate clotł	ing and	d footv	vear?							○ YES		○ NO
additional edg	ge protectio	n req	uired?										○ YES		○ NO
personal fall a	rrest equipn	nent	required	l?									○ YES		○ NO
there a risk of	falling mate	rial?											○ YES		○ NO
Personal Prote	ctive Equip	men	t (PPE) re	quired	?								○ YES		○ NO
re there any du	ıcts, flues or	outl	ets on th	e roof?									○ YES		○ NO
yes, is there a r	risk from ha	zardo	ous fume	s?									○ YES		○ NO
low many pers	ons require	acce	ss to the	roof fo	r the d	uratio	on of this	task?							
							ENCY CC								
lame:				Posi	tion:						Conta	nct:			
				AU	JTHOR	ISAT	ION AND	ACCE	PTAN	<u>CE</u>					
confirm that I have nd the conditions o													rry out the w	ork as o	lefined abov
ermit Acceptor:				Signatui							d From:	Time:		Date:	
Company:				Permit Is	ssuer:					Vali	d To:	Time:		Date:	
				НДИГ)BACK	RFC	EIPT AN	D CAN	CELLA	TIOI	N.			1	
onfirm that the ac	tivity has been	comp	leted, che									ion.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SEC	CURI	<u>TY</u>						<u>E</u>	STA [*]	TES & CA	PITAL	DEVELOR	PMEN	T
	pt of this perm	it havi	ng been ir			oerson							ompleted in		
charge has left the		nd in a	safe and	idy cond	ition.			permit a	and the	area l	eft secure a	and in a s	safe and tidy	conditi	on.

		Тор С	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, <mark>Bot</mark>	tom	Copy: Per	rmit Ac	ceptor		
Aston Universi	ty		<u>R</u> (OOF A	<u>ACC</u>	ESS	REQU	EST FO	RM	<u>l</u>	REF:	0016	5	
Organisation:				Permit	t Accept	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey		Refurk	oishm	nent	○ An	cilla	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work	(
NB	: For any	work ty	pe other ti	nan 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	eight	'Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance of
					HAZA	RDS	AND PRE	CAUTION	<u>S</u>					
Are all persons re	equiring I	roof ac	cess train	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	ppropi	riate cloth	ng and	l footv	vear?						○ YES		○ NO
s additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	ipmen	required	,								○ YES		○ NO
s there a risk of	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	cts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many perso	ons requi	re acce	ess to the I	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	ion:					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have and the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				V	alid From:	Time:		Date:	
Company:				Permit Iss	suer:				V	alid To:	Time:		Date:	
				HAND	BACK	, REC	EIPT ANI	O CANCELI	ATI	<u>ON</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	yself an	d the	area left sec	ure and in a s	afe ar	nd tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
		SECUR								ATES & CA				
acknowledge receip n charge has left the						oerson				the activity had a left secure a				
		Time:		Date:							Time:		Date:	

ston Universi	ty		RC	OF A	<u>\CCI</u>	ESS	REQU	<u>EST I</u>	<u>FOR</u>	<u>M</u>		REF:	0017	,	
rganisation:				Permit .	Accepto	or:					Mobile:				
uilding:				Roof Ac	cess Po	oint:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspection	on/Surv	ey	○ R	Refurb	ishm	nent	C) Ancil	lary \	Works		○ Mair	ntenar	nce
	Cleaning	9		⊜ S	trippi	ng &	Dismant	ling	05	Short	t-Duratio	n Worl	(
NB	For any wor	k type o	ther th	an 'Insp	ection	n/Sur	vey', a 'Wo	orking d	at Heig	ht' P	ermit to v	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this		○ YE		10		Safety at Wo amended) ro five or more significant fi identify thosassessments must be sub	ork Regulate equire that employee ndings of se especial and meth mitted to	of Health and tions 1999 (as t organisations v is record the assessments an ly at risk. Risk nod statements Estates & Capita nent in advance
				<u> </u>	IAZAI	RDS	AND PRE	CAUTI	<u>ONS</u>				works comn	nencing.	
re all persons r	equiring roo	f access	traine	d and c	ompe	tent	?						YES		○ NO
re the weather	conditions a	ccepta	ole?										YES		○ NO
re all persons v	vearing appr	opriate	clothi	ng and	footw	ear?							YES		○ NO
additional edg	ge protection	require	ed?										○ YES		○ NO
personal fall a	rrest equipm	ent req	uired?										○ YES		○ NO
there a risk of	falling mater	ial?											○ YES		○ NO
Personal Prote	ctive Equipr	nent (Pl	PE) req	uired?									○ YES		○ NO
re there any du	ıcts, flues or	outlets	on the	roof?									○ YES		○ NO
yes, is there a r	risk from haz	ardous	fumes	?									○ YES		○ NO
low many pers	ons require a	iccess t	o the r	oof for t	the du	ıratio	on of this	task?							
							ENCY CO								
lame:				Positio							Conta	ıct:			
				ΔΙΙΤ	HORI	ΚΔΤ	ION AND	ACCFI	ΡΤΔΝ(CF					
confirm that I have	verified the abo	ve inforn	nation a								aken. It is s	afe to ca	rry out the w	ork as c	lefined abov
nd the conditions o													,		
ermit Acceptor:			S	ignature:						Vali	d From:	Time:		Date:	
ompany:				ermit Issu	uer:					Vali	d To:	Time:		Date:	
			<u> </u>	HANDE	ВАСК,	REC	EIPT AND	CANO	CELLA	TIOI	<u>V</u>				
confirm that the ac	tivity has been o	omplete	d, check	ed by my	self and	the a	area left sec	ure and i	n a safe	and t	tidy condit	on.			
ermit Acceptor:					S	ignat	ure:					Time:		Date:	
	SEC	URITY							<u>E</u>	STA	TES & CA	PITAL	DEVELO	PMEN	<u>T</u>
		ما يو ميان دو ما	oon info	rmad the	at the n	orson	1	l am sati	sfied th	at the	activity ha	s been o	ompleted in	accord	ance with th
cknowledge recei charge has left the													safe and tidy		

			RC	OF A	CCE	S REQ	UFST	FOR	М		REF:	0018	}	
ston Universi	ty		110	<u> </u>	CCL	J KLQ	OLJI	<u>i Oiti</u>			INLI.	0010		
rganisation:				Permit A	cceptor:				M	Nobile:				
uilding:				Roof Acc	ess Poin	t:			2	nd Escap	e Route	:		
ORK TYPE:	○ Inspection	on/Surve	еу	○ Re	efurbis	nment) Ancil	ary W	orks		○ Mair	ntenar	nce
	○ Cleaning	ı		⊜ St	ripping	g & Disma	ntling	\bigcirc S	hort-[Duratio	n Worl	(
NB	: For any wor	k type ot	ther th	an 'Inspe	ection/S	Survey', a 'l	Working	at Heig	ht' Per	mit to v	vork M	AY be requ	iired.	
														of Health and tions 1999 (as
as a suitable ar	ıd sufficient ı	isk asse	ssmer	nt been u	undert	aken for th	nis task?	○ YES	5	\bigcirc \square	VO	amended) re five or more	equire that employee	t organisations versions to the contract of th
las a method st	atement bee	n under	rtaken	for this	task?			○ YES	5	\bigcirc N	VO	identify thos assessments must be sub Developmer	e especial and meth mitted to nt Departn	assessments and lly at risk. Risk nod statements Estates & Capita nent in advance
				H	AZARI	S AND P	RECAUT	IONS				works comm	nencing.	
re all persons re	equiring roof	access	traine	d and co	mpete	nt?						YES		○ NO
re the weather												○ YES		○ NO
re all persons v	rearing appro	opriate (clothir	ng and f	ootwe	nr?						○ YES		○ NO
additional edg	e protection	require	d?									○ YES		○ NO
personal fall a	rest equipm	ent requ	uired?									○ YES		○ NO
there a risk of	falling mater	ial?										○ YES		○ NO
Personal Prote	ctive Equipn	nent (PP	E) req	uired?								○ YES		○ NO
re there any du	cts, flues or o	outlets o	on the	roof?								○ YES		○ NO
yes, is there a r	isk from haza	ardous f	umes	?								○ YES		○ NO
low many perso	ons require a	ccess to	the re	oof for th	ne dura	ition of th	is task?							
				(F		RGENCY C								
lame:				Positio						Conta	nct:			
				ALITE	JODIC.	ATION AN		DT A NI	`E					
confirm that I have	verified the abo	ve inform	ation a							en. It is s	afe to ca	rry out the w	ork as c	defined abov
nd the conditions o													_	
ermit Acceptor:			S	ignature:					Valid	From:	Time:		Date:	
ompany:			P	ermit Issue	er:				Valid	То:	Time:		Date:	
				HANDB	ACK, R	ECEIPT A	ND CAN	CELLA	TION					
confirm that the ac	ivity has been c	ompleted	l, check	ed by mys	elf and t	ne area left s	secure and	in a safe	and tid	y conditi	ion.			
ermit Acceptor:					Sig	nature:					Time:		Date:	
	SEC	URITY						<u>E</u> :	STATE	S & CA	PITAL	DEVELOR	MEN.	T
	. (.1.												-	
cknowledge receip charge has left the						son						completed in safe and tidy		

		Top C	opy : Per	mit Issu	uer, <mark>Mid</mark>	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Aco	ceptor		
Aston Universi	ty		<u>R</u>	<u>OOF</u>	ACCI	ESS	REQU	EST FOR	<u>RM</u>		REF:	0019)	
Organisation:				Permi	it Accepto	or:				Mobile:				
Building:				Roof A	Access Po	oint:				2nd Escap	oe Route:			
VORK TYPE:	○ Inspe	ection/	'Survey	0	Refurb	ishm	ent	○ Anc	illary	Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippi	ng &	Dismant	ling (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	spectior	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task? YE		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi se record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance o
					HAZAI	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	etent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equ	ipmen [.]	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	?									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	cts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a r	isk from	hazard	lous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ıratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit				<u>`</u>		Conta	act:			
				AU	JTHORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions c				and ensu	ured that	the ne	ecessary pre	cautions have	been			rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	re:				Va	lid From:	Time:		Date:	
Company:				Permit Is	ssuer:				Va	lid To:	Time:		Date:	
				HAND	BACK,	REC	EIPT AND	CANCELL	ATIC	<u>DN</u>				
confirm that the ac	tivity has be	een com	pleted, ched	ked by n	nyself and	d the a	area left sec	ure and in a sat	e and	l tidy condit	ion.			
Permit Acceptor:					S	ignat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		formed t	hat the n	erson		I am satisfied t				DEVELOR		
n charge has left the						2.3011						afe and tidy		
								permit and the			1		1	

		Тор С	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, <mark>Bott</mark>	om	Copy: Per	mit Ac	ceptor		
Aston Universi	ty		R	00F	<u>ACC</u>	<u>ESS</u>	REQU	EST FO	<u>RM</u>		REF:	0020)	
Organisation:				Permi	t Accep	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	ent	○ And	illar	y Works		○ Mair	ntenar	nce
	○ Clear	ning		\circ	Stripp	ing &	Dismant	ling C	Sho	ort-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	ight	Permit to	work M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		OI OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed indings of the especial and methal mitted to int Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTIONS	-					
Are all persons r	equiring	roof ac	cess train	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate cloth	ing and	d footv	vear?						○ YES		○ NO
additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	pmen	t required	?								○ YES		○ NO
s there a risk of	falling ma	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?	,							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	e roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	5?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the	roof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit						Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions c				and ensu	red that	the n	ecessary pre	cautions have	beer			rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	e:				Va	alid From:	Time:		Date:	
Company:				Permit Is	suer:				Vā	alid To:	Time:		Date:	
				HAND	ВАСК	, REC	EIPT ANI	CANCELL	ATIO	<u>ON</u>	•			
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	nyself ar	d the	area left sec	ure and in a sa	fe an	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed t	hat the	person		I am satisfied		ATES & CA				
n charge has left the								permit and th						
		Time:		Date:							Time:		Date:	

							curity, <mark>Bott</mark>						
ston Universi	ty		ROOF	ACCE	SS R	REQU	EST FO	<u>RM</u>		REF:	0021		
rganisation:			Perm	nit Accepto	or:				Mobile:				
uilding:			Roof	f Access Po	int:				2nd Escar	e Route	:		
ORK TYPE:	○ Inspection	n/Survey) Refurbi	shmer	nt	○ Anc	illary	/ Works		○ Mair	ntenar	ice
	Cleaning			Strippii	ng & D	ismantl	ing C	Sho	rt-Duratio	n Worl	k		
NB	: For any work	type othe	r than 'In	nspection	/Surve	y', a 'Wo	rking at He	ight'	Permit to	vork M	AY be requ	ired.	
las a suitable ar las a method st					taken	for this	task?		O1		Safety at Wo amended) re five or more significant fii identify thos assessments must be sub	rk Regulat quire that employee ndings of a e especial and meth mitted to at Departn	of Health and ions 1999 (as organisations v s record the assessments and ly at risk. Risk od statements Estates & Capita eent in advance
				HAZAF	RDS AI	ND PRE	CAUTIONS	1					
re all persons re	equiring roof	access tra	ned and	d compe	tent?						○ YES		○ NO
re the weather	conditions ac	ceptable?									YES		○NO
re all persons w	vearing appro	priate clo	thing an	nd footw	ear?						○ YES		○NO
additional edg	e protection r	equired?									○ YES		○NO
personal fall a	rest equipme	nt require	d?								○ YES		○NO
there a risk of t	falling materia	ıl?									○ YES		○ NO
Personal Prote	ctive Equipme	ent (PPE) ı	equired	! ?							○ YES		○ NO
re there any du	icts, flues or o	utlets on t	he roof	?							○ YES		○NO
yes, is there a r	isk from hazaı	dous fum	es?								○ YES		○NO
low many perso	ons require ac	cess to th	e roof fo	or the du	ration	of this t	ask?						
							NTACTS ith the work)						
Name:			Pos	ition:					Conta	nct:			
			A	UTHORI	SATIO	N AND	ACCEPTAN	ICE					
confirm that I have			n and ens	sured that t	he nece	essary pre	cautions have	been			rry out the w	ork as d	lefined abov
nd the conditions o	of this authorisation	on form have	e been exp	plained to	all worke	ers involv	ed. I accept re	spon:	sibility for th	s work.		.1	
ermit Acceptor:			Signatu	ure:				Va	lid From:	Time:		Date:	
ompany:			Permit	Issuer:				Va	lid To:	Time:		Date:	
			HANI	DBACK,	RECEI	PT AND	CANCELL	ATIC	<u>ON</u>				
		mpleted ch	ecked by	myself and	the are	a left secu	ire and in a sa	fe and	d tidy condit	ion.			
confirm that the act	tivity has been co	mpietea, en										1	
confirm that the act	tivity has been co			Si	gnature	e:				Time:		Date:	
	tivity has been co			Si	ignature	e:		EST/	ATES & CA	l	. DEVELOF		<u> </u>
	SECU ot of this permit h	RITY aving been		that the po			am satisfied to	that t	ne activity ha	APITAL as been o	completed in	PMEN accord	ance with th

					. ^	ECC	REQU	IEST F	(AP	NA		REF:	0000	<u> </u>	
ston Universi	ty			<u>IOOF</u>	ACC	<u> </u>	REQU	<u> </u>	UK	IVI		KEF:	0022		
rganisation:				Pern	nit Accep	tor:					Mobile:				
uilding:				Roof	Access P	oint:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspect	tion/	Survey) Refurk	oishm	nent	0	Ancil	lary W	/orks		○ Maiı	ntenar	nce
	○ Cleanir	ng			Stripp	ing &	ι Dismant	ling	05	hort-	Duratio	n Worl	(
NB	For any wo	ork ty	pe other	than 'Ir	rspectio	n/Sur	vey', a 'W	orking a	t Heig	ht' Pe	rmit to v	vork M	AY be requ	iired.	
as a suitable ar	nd sufficient	t risk	assessm	ent be	en unde	ertak	en for this	s task?	○ YES	5	10	10	Safety at Wo amended) r	ork Regula equire that	of Health and tions 1999 (as t organisations v
las a method st	atement he	en II	ndertak	en for t	his task	7) YES	5	10	NO.	significant f identify tho	ndings of se especial	es record the assessments and lly at risk. Risk
		2011 0	- Inacrtain		1113 (43)(•		[`					must be sub	mitted to nt Departr	nod statements Estates & Capita nent in advance
					HAZA	RDS	AND PRE	CAUTIO	<u>ONS</u>						
re all persons r	equiring ro	of ac	cess trai	ned and	d comp	etent	:?						○ YES		○ NO
re the weather	conditions	acce	ptable?										○ YES		○ NO
re all persons v	vearing app	ropr	iate clot	hing ar	nd footv	vear?							○ YES		○ NO
additional edg	ge protectio	n red	quired?										○ YES		○ NO
personal fall a	rrest equipr	ment	require	d?									○ YES		○ NO
there a risk of	falling mate	erial?											○ YES		○ NO
Personal Prote	ective Equip	men	t (PPE) r	equired	! ?								○ YES		○ NO
re there any du	ıcts, flues o	r out	ets on tl	ne roof	?								○ YES		○ NO
yes, is there a r	risk from ha	zard	ous fum	es?									○ YES		○ NO
low many perso	ons require	acce	ss to the	roof fo	or the d	uratio	on of this	task?					'		
							ENCY CO								
lame:				Pos	ition:						Conta	ıct:			
				Δ	LITHOR	ΙςΔΤ	ION AND	ΔСΕΡ	ΤΔΝ	~F					
confirm that I have				and ens	sured tha	t the n	ecessary pr	ecautions	have b	een tal			rry out the w	ork as c	defined abov
nd the conditions o	of this authoris	ation	form have	been ex	plained to	all wo	orkers invol	ved. I acce	pt resp	onsibi	lity for thi	s work.		, [
ermit Acceptor:				Signatu	ıre:					Valid	From:	Time:		Date:	
ompany:				Permit	lssuer:					Valid	То:	Time:		Date:	
				HAN	DBACK	, REC	EIPT AN	D CANC	ELLA	TION					
onfirm that the ac	tivity has beer	n com	oleted, che	cked by	myself ar	nd the	area left sec	cure and ir	n a safe	and ti	dy condit	on.			
ermit Acceptor:				_		Signat	ure:					Time:		Date:	
	<u>SE</u>	CUR	<u>ITY</u>		,								DEVELO		
							i .								
cknowledge receil charge has left the						person	1						completed ir safe and tidy		ance with tl on.

The second secon		R	OF AC	CESS	REQUI	EST FOR	M		REF:	0023		
ston Universit	ty) () () () () () () () () () (III QU	<u> </u>				0023		
rganisation:			Permit Acce	ptor:				Mobile:				
uilding:			Roof Access	Point:				2nd Escap	e Route:			
ORK TYPE:	○ Inspection/	/Survey	○ Refu	rbishm	ent	○ Ancil	lary V	Vorks		○ Main	tenan	ce
	Cleaning		Strip	ping &	Dismantli	ng OS	Short-	Duratio	n Work	(
NB	: For any work ty	ype other th	an 'Inspecti	ion/Sur	vey', a 'Wo	rking at Heig	ht' Pe	rmit to v	vork M .	AY be requ	ired.	
			. 1		6 .1.		<u> </u>		10	NB: The Mana	k Regulat	ons 1999 (as
as a suitable an	a sufficient risk	k assessmei	nt been und	зеттаке	en for this	task?	S 	01	NO	five or more	employee	organisations was record the assessments and
las a method sta	atement been u	undertaken	for this tas	k?		○ YES	S	01	10	identify those assessments must be subr	e especiall and meth nitted to E t Departm	
			HAZ	ARDS	AND PRE	CAUTIONS						
re all persons re	equiring roof ac	ccess traine	d and com	petent	?					○ YES	(ONO
re the weather	conditions acce	eptable?								○ YES	(ONO
re all persons w	vearing approp	riate clothi	ng and foo	twear?						○ YES	(ONO
additional edg	e protection re	quired?								○ YES	(ONO
personal fall ar	rrest equipmen	t required?								○ YES	(ONO
there a risk of f	falling material?	?								○ YES	(ONO
Personal Prote	ctive Equipmer	nt (PPE) rec	uired?							○ YES	(ONO
re there any du	cts, flues or out	tlets on the	roof?							○ YES	(ONO
yes, is there a r	isk from hazard	dous fumes	?							○ YES	(ONO
low many perso	ons require acce	ess to the r	oof for the	duratio	n of this t	ask?						
					ENCY CON	ITACTS (th the work)						
Name:			Position:					Conta	ıct:			
			AUTHO	RISATI	ON AND	ACCEPTAN	CE					
										rry out the w	ork as d	efined abov
	t thic authorication	i ioiiii iiave be	en explained	to all wo	ikeis ilivoivi	a. i accept ies	ומונווטע	iity ioi tiii	3 WOIK.			
nd the conditions o	this authorisation		ianatura:				Valid	From:	Timo:		Dato:	
confirm that I have nd the conditions o	or this authorisation	2	ignature:	Γ				From:	Time:		Date:	
ermit Acceptor:	or this authorisation	2	ignature:				Valid Valid		Time:		Date:	
nd the conditions o		F	Permit Issuer:			CANCELLA re and in a safe	Valid	То:	Time:			
ermit Acceptor:		F	Permit Issuer:		area left secu		Valid	То:	Time:			
ermit Acceptor: ompany:		ppleted, check	Permit Issuer:	and the a	area left secu	re and in a safe	Valid	To:	Time:	DEVELOP	Date:	
ermit Acceptor: confirm that the actermit Acceptor: confirm that the actermit Acceptor:	tivity has been com	ppleted, check	Permit Issuer: HANDBAC ed by myself a	Signati	ure:	re and in a safe	Valid TION and tie	dy conditions and the second s	on. Time: PITAL us been c	ompleted in	Date:	nce with th

		ТорС	opy : Pei	mit Issı	uer, <mark>Mid</mark>	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		R	OOF	ACCI	<u>ESS</u>	REQU	EST FOR	<u>RM</u>		REF:	0024	ļ	
Organisation:				Perm	nit Accepto	or:				Mobile:				
Building:				Roof	Access Po	oint:				2nd Escap	oe Route			
VORK TYPE:	○ Inspe	ection/	'Survey	C) Refurb	ishm	ent	○ Anci	illary	Works		○ Mair	ntenar	nce
	○ Clear	ning		C) Strippi	ng &	Dismant	ing 🔘	Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other	than 'In	spection	n/Sur	vey', a 'Wo	orking at Hei	ght' i	Permit to 1	work M .	AY be requ	ired.	
las a suitable ar las a method st							en for this	task? YE		O1		Safety at Wo amended) re five or more significant fii identify thos assessments must be subi	rk Regular equire that employee ndings of e especial and meth mitted to at Departn	of Health and tions 1999 (as t organisations wi se record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZAI	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring i	roof ac	cess trair	ned and	d compe	tent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	pprop	riate clotl	ning an	nd footw	ear?						○ YES		○ NO
additional edg	ge protect	tion re	quired?									○ YES		○ NO
personal fall a	rrest equi	ipmen	t required	l?								○ YES		○ NO
s there a risk of	falling ma	aterial	?									○ YES		○ NO
s Personal Prote	ective Equ	ıipmer	nt (PPE) re	quired	l?							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on th	ne roof?	?							○ YES		○ NO
f yes, is there a ı	risk from l	hazard	lous fume	es?								○ YES		○ NO
How many pers	ons requi	re acc	ess to the	roof fo	or the du	ıratic	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posi	ition:					Conta	act:			
				Al	UTHORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have and the conditions o				and ens	ured that	the ne	ecessary pre	cautions have	been			rry out the w	ork as c	defined above
Permit Acceptor:				Signatu	ıre:				Val	id From:	Time:		Date:	
Company:				Permit I	lssuer:				Val	id To:	Time:		Date:	
				HANG	DBACK,	REC	EIPT AND	CANCELLA	ATIO)N	·		'	
confirm that the ac	tivity has be	een com	pleted, che								ion.			
					S	ignat	ure:				Time:		Date:	
Permit Acceptor:													<u>'LL</u>	<u></u>
		SECUR										DEVELOR		
Permit Acceptor: acknowledge receincharge has left the	pt of this pe	ermit ha	ving been i			erson		I am satisfied t permit and the	hat th	e activity h	as been c	ompleted in	accord	ance with th

ston Universi	tv		RO	OF A	CCES	S REQU	JEST FOR	<u> </u>		REF:	0025	;	
	cy			Dormit A	. ccontor				Mobile:				
rganisation:				Permit F	Acceptor:				Mobile:				
uilding:				Roof Ace	cess Point	:			2nd Escap	e Route	:		
ORK TYPE:	○ Inspection	on/Surv	/ey	○ R	efurbish	ment	○ Anc	illary	Works		○ Mair	itenar	ice
	Cleaning]		⊜ St	tripping	& Disman	tling	Sho	rt-Duratio	n Worl	k		
NB	: For any wor	k type o	ther th	an 'Insp	ection/S	urvey', a 'V	orking at Hei	ght'	Permit to v	vork M	AY be requ	ired.	
as a suitable ar as a method st						ken for th	s task? YE		01		Safety at Wo amended) re five or more significant fii identify thos assessments must be sub	rk Regulat quire that employee ndings of a e especial and meth mitted to t Departn	of Health and ions 1999 (as organisations v s record the assessments and by at risk. Risk od statements Estates & Capita ent in advance
				<u>H</u>	AZARD	S AND PR	<u>ECAUTIONS</u>				works comm	cheng.	
re all persons r	equiring roof	faccess	traine	d and co	ompete	nt?					○ YES		○ NO
re the weather	conditions a	ccepta	ble?								YES		○ NO
re all persons v	vearing appro	opriate	clothi	ng and f	ootwea	r?					○ YES		○ NO
additional edg	ge protection	require	ed?								○ YES		○ NO
personal fall a	rrest equipm	ent req	uired?								○ YES		○ NO
there a risk of	falling materi	ial?									○ YES		○ NO
Personal Prote	ctive Equipm	nent (Pl	PE) req	uired?							○ YES		○ NO
re there any du	ıcts, flues or o	 outlets	on the	roof?							○ YES		○ NO
yes, is there a r	risk from haza	ardous	fumes	?							○ YES		ONO
low many pers					he dura	tion of this	s task?						
						GENCY CO							
				(Person no	t connected	with the work)		1 [
lame:				Positio	n:				Conta	act:			
				AUT	HORISA	TION ANI	O ACCEPTAN	CF					
onfirm that I have	verified the abo	ve inforn	nation a						taken. It is s	afe to ca	rry out the w	ork as d	lefined abo
nd the conditions o	of this authorisat	ion form	have be	en explaii	ned to all	workers invo	lved. I accept res	pons	ibility for thi	is work.			
ermit Acceptor:				iignature:				Val	lid From:	Time:		Date:	
ompany:				ermit Issu	er:			Val	id To:	Time:		Date:	
				HANDB	ACK, RI	CEIPT AN	D CANCELL	ATIC	<u>on</u>				
	tivity has been c	omplete	d, check	ed by mys	self and th	e area left se	cure and in a saf	e and	I tidy condit	ion.			
confirm that the ac					Sign	ature:				Time:		Date:	
onfirm that the ac] 3.9.					1			
	SEC	<u>URITY</u>] 3.9.		<u> </u>	ESTA	ATES & CA	PITAL	. DEVELOF	MEN.	
	pt of this permit	having b			t the pers	on	I am satisfied t permit and the	hat th	ne activity ha	as been o	completed in	accord	ance with t

		Top C	opy:Per	mit Issu	uer, <mark>Mid</mark>	dle (Copy:Se	curity, <mark>Bott</mark>	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u>	<u>00F</u>	ACCE	<u>SS</u>	REQU	EST FOR	<u>RM</u>		REF:	0026	5	
Organisation:				Permi	it Accepto	or:				Mobile:				
Building:				Roof	Access Po	int:				2nd Escar	oe Route:	:		
WORK TYPE:	○ Inspe	ection/	Survey	0	Refurbi	ishm	ent	○ Anci	illary	Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippi	ng &	Dismant	ing 🔿	Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'In:	spection	/Sur	vey', a 'Wo	orking at Hei	ght' i	Permit to 1	vork M	AY be requ	iired.	
las a suitable ar las a method st						rtake	n for this	task? YE		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZAF	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	l compe	tent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
personal fall a	rest equ	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a i	isk from	hazard	ous fume	s?								○ YES		○ NO
How many pers					r the du	ratio	n of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit						Conta	act:			
				AU	JTHORI	SATI	ON AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o				and ensu	ured that	the ne	ecessary pre	cautions have	been			rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	re:				Val	id From:	Time:		Date:	
Company:				Permit Is	ssuer:				Val	id To:	Time:		Date:	
				HAND	ВАСК,	REC	EIPT AND	CANCELLA	ATIO	<u>N</u>	•		•	
confirm that the ac	tivity has be	een com	pleted, chec	ked by n	nyself and	I the a	rea left sec	ure and in a saf	e and	tidy condit	ion.			
Permit Acceptor:					S	ignatı	ure:				Time:		Date:	
acknowledge .		SECUR		form - 1:	-h-a++1-	O.F						DEVELO		
acknowledge recein on charge has left the						erson		I am satisfied t						
Tenarge has left th		- and in	a sale allu t	iay cona	illion.			permit and the	area	iert secure a		are and day	conditi	on.

			D.C	OF 4		DECL	FCT FAS				000-		
ston Universi	ty		<u>RO</u>	OF AC	CESS	REQU	EST FOR	<u> </u>		REF:	0027		
rganisation:				Permit Aco	ceptor:				Mobile:				
uilding:				Roof Acce	ss Point:				2nd Escap	e Route	:		
ORK TYPE:	○ Inspectio	n/Survey	,	○ Ref	urbishn	nent	○ Anci	llary	Works		○ Mair	itenar	ice
	Cleaning			⊜ Stri	ipping 8	& Dismant	ling (Shor	t-Duratio	n Worl	(
NB	: For any work	type oth	er tha	an 'Inspec	tion/Su	rvey', a 'W	orking at Hei	ght' F	Permit to v	vork M	AY be requ	ired.	
las a suitable ar las a method st						en for this	task? YE		01		Safety at Wo amended) re five or more significant fii identify thos assessments	rk Regulat quire that employee ndings of a e especial and meth	of Health and cions 1999 (as corganisations varies record the assessments and the corganistics of the corganistics and statements Estates & Capita
				110	74000	AND DD	CALITIONS				Developmer works comm		nent in advance
	· i -i 6						CAUTIONS				CVEC		CNO
re all persons re re the weather				a and cor	npeten	τ?					○ YES		○ NO
re all persons v				a and fo	otwear?	?					○ YES		
additional edg				.g a.i.a i o		•					○ YES		ONO
personal fall a	·										○ YES		ONO
there a risk of		•									○ YES		○NO
Personal Prote			real	uired?							O YES		ONO
re there any du											○ YES		O NO
yes, is there a r	•										○ YES		O NO
low many perso					e durati	on of this	task?						
						ENCY CO	NTACTS vith the work)						
			-			Connected	vitii tile work)		1				
lame:				Position	:				Conta	ict:			
				AUTH	ORISA1	TION AND	ACCEPTAN	<u>CE</u>					
confirm that I have											rry out the w	ork as d	lefined abov
nd the conditions o	this authorisati	on form na	ve bee	en explaine	ed to all w	orkers invol	ved. i accept res			Г			
ermit Acceptor:			Sig	gnature:					id From:	Time:		Date:	
Company:			Pe	ermit Issuer	:			Val	id To:	Time:		Date:	
			Ŀ	IANDBA	CK, REC	CEIPT ANI	O CANCELLA	TIO	<u>N</u>				
confirm that the ac	ivity has been co	ompleted, o	hecke	d by mysel	lf and the	area left sec	ure and in a saf	e and	tidy condit	ion.			
ermit Acceptor:					Signa	ture:				Time:		Date:	
	SECU	<u>JRITY</u>					<u> </u>	STA	TES & CA	PITAL	DEVELOR	MEN.	<u> </u>
icknowledge receil charge has left the						n	I am satisfied the permit and the						

Aston Universi	tv		RC	OF A	CCES	S REQU	EST FOR	M		REF:	0028		
				Down it A					Mahila				
Organisation:			<u>_</u>	Permit Ad	ceptor:			4	Mobile:				
uilding:				Roof Acce	ess Point:				2nd Escap	e Route	:		
ORK TYPE:	○ Inspectio	n/Surve	у	○ Re	furbishr	ment	○ Ancil	llary V	Vorks		○ Mair	itenan	ice
	Cleaning			○ Str	ripping	& Dismant	ling OS	Short	-Duratio	n Worl	(
NB	For any work	type otł	ner th	an 'Inspe	ction/Su	rvey', a 'W	orking at Heig	ght' Pe	ermit to v	vork M	AY be requ	ired.	
as a suitable ar as a method st						en for this	task? YE		01		Safety at Wo amended) re five or more significant fii identify thos assessments must be subi	rk Regulat quire that employee ndings of a e especial and meth mitted to l t Departm	of Health and ions 1999 (as organisations v s record the assessments and ly at risk. Risk od statements & Capita hent in advance
				<u>H</u>	AZARDS	AND PRE	CAUTIONS					-	
re all persons r	equiring roof	access t	raine	d and co	mpeten	t?					○ YES		○ NO
re the weather	conditions ac	ceptabl	e?								○ YES	(○ NO
re all persons v	vearing appro	priate c	lothir	ng and fo	otwear	?					○ YES	(○ NO
additional edg	je protection	required	l?								○ YES	(○ NO
personal fall a	rrest equipme	nt requi	red?								○ YES	(○NO
there a risk of	falling materia	al?									○ YES		○ NO
Personal Prote	 ective Equipm	ent (PPE	e) req	uired?							○ YES	(○ NO
re there any du	ucts, flues or o	utlets or	n the	roof?							YES	(○ NO
yes, is there a r	risk from haza	rdous fu	mes	?							○ YES		○ NO
low many pers	ons require ac	cess to	the ro	oof for th	e durat	ion of this	task?						
				(5)		ENCY CO							
				(P	erson not	connected v	vith the work)						
lame:				Position	n:				Conta	ict:			
				AUTH	IORISA [*]	TION AND	ACCEPTAN	CE					
onfirm that I have				nd ensured	that the i	necessary pre	ecautions have b	oeen ta			rry out the w	ork as d	lefined abov
nd the conditions o	of this authorisation	on form h	ave be	en explain	ed to all w	orkers invol	ved. I accept resp	ponsib	ility for th	s work.			
ermit Acceptor:			s	ignature:				Valid	d From:	Time:		Date:	
ompany:] P	ermit Issue	r:			Valid	d To:	Time:		Date:	
				HANDBA	NCK, RE	CEIPT ANI	CANCELLA	TION	<u>I</u>				
	tivity has been co	mpleted,	check	ed by myse	elf and the	area left sec	ure and in a safe	and t	idy condit	ion.			
confirm that the ac										Time:			
onfirm that the ac					Signa	ture:				Time: [Date:	
	SECU	<u>JRITY</u>			Signa	ture:	<u> </u>	STAT	ES & CA	L	DEVELOP		<u> </u>
	pt of this permit h	naving be			the perso		I am satisfied the	nat the	activity ha	APITAL as been o	completed in	PMENT accorda	ance with t

		Top C	opy:Per	mit Issu	ıer, <mark>Mid</mark>	dle (Copy:Se	curity, Bott	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u>	<u>00F</u>	ACCE	SS	REQU	EST FOR	<u>RM</u>		REF:	0029)	
Organisation:				Permi	it Accepto	or:				Mobile:				
Building:				Roof	Access Po	int:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurbi	shm	ent	○ Anci	illary	/ Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippir	ng &	Dismant	ing 🔿	Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'In:	spection	/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M .	AY be requ	iired.	
las a suitable ar las a method st						rtake	en for this	task? YE		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance of
					HAZAF	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	tent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equ	ipmen [.]	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	cts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a ı	isk from	hazard	ous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	tion:					Conta	act:			
				AU	JTHORI:	SATI	ON AND	ACCEPTAN	ICE					
confirm that I have and the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	re:				Va	lid From:	Time:		Date:	
Company:				Permit Is	ssuer:				Va	lid To:	Time:		Date:	
				HAND	ВАСК,	REC	EIPT AND	CANCELLA	ATIC	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by n	nyself and	the a	area left sec	ure and in a saf	e and	d tidy condit	ion.			
Permit Acceptor:					Si	gnatı	ure:				Time:		Date:	
acknowledge ::		SECUR		forms - 1 ·		200						DEVELOR		
acknowledge recein charge has left the						erson		I am satisfied t permit and the						
		_]							

		Top C	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, Bott	om	Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u> (OOF A	<u>ACC</u>	<u>ESS</u>	REQU	EST FO	RM		REF:	0030)	
Organisation:				Permit	t Accept	tor:				Mobile:				
Building:				Roof A	ccess P	oint:				2nd Esca	oe Route:	:		
VORK TYPE:	○ Inspe	ection/	Survey		Refurk	oishm	nent	○ And	illar	y Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling C	Sho	ort-Duratio	n Work	(
NB	: For any	work ty	pe other ti	nan 'Ins	pectio	n/Sur	vey', a 'W	orking at He	ight	Permit to	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this	s task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance of
					HAZA	RDS	AND PRE	CAUTIONS	<u> </u>					
Are all persons r	equiring I	roof ac	cess train	ed and	comp	etent	:?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	ppropi	riate cloth	ng and	l footv	vear?						○ YES		○ NO
additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	ipmen	t required?	,								○ YES		○ NO
s there a risk of	falling ma	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the I	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS with the work)						
Name:				Posit	Г					Conta	act:			
				AU'	THOR	ISAT	ION AND	ACCEPTAI	NCE					
confirm that I have nd the conditions c				ınd ensu	red that	the n	ecessary pre	ecautions have	bee			rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				Vā	alid From:	Time:		Date:	
Company:				Permit Is:	suer:				Vā	alid To:	Time:		Date:	
				HAND	BACK	, REC	EIPT ANI	D CANCELL	ATI	<u>ON</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	yself an	d the	area left sec	cure and in a sa	ife an	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed th	nat the	person		I am satisfied		ATES & CA				
n charge has left the								permit and th						
		Time:		Date:	_		П				Time:		11	

		-					ССР, ГЗС	curity, <mark>B</mark>							
ston Universi	ty		<u> </u>	ROO	F ACC	ESS	REQU	EST F	OR	<u>M</u>		REF:	0031		
rganisation:				Per	rmit Accept	tor:					Mobile:				
uilding:				Roc	of Access P	oint:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspec	tion/	Survey	(○ Refurk	oishm	nent	0/	Ancil	lary W	/orks		○ Mair	ntenar	nce
	Cleani	ng		(○ Stripp	ing &	Dismant	ling	05	short-	Duratio	n Worl	(
NB	For any w	ork ty	pe othei	than 'I	Inspectio	n/Sur	vey', a 'Wo	orking at	Heig	ht' Pe	rmit to v	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this		YES		10		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regular equire that employee ndings of se especial and meth mitted to nt Departn	of Health and tions 1999 (as t organisations v se record the assessments and lly at risk. Risk nod statements Estates & Capita nent in advance
					HAZA	RDS	AND PRE	CAUTIO	<u>NS</u>						
re all persons r	equiring ro	of ac	cess trai	ned ar	nd comp	etent	:?						○ YES		○ NO
re the weather	conditions	s acce	ptable?										○ YES		○ NO
re all persons v	vearing ap	propr	iate clot	hing a	nd footv	vear?							YES		○ NO
additional edg	ge protection	on re	quired?										○ YES		○ NO
personal fall a	rrest equip	ment	require	d?									○ YES		○ NO
there a risk of	falling mat	erial?											○ YES		○ NO
Personal Prote	ctive Equi	pmer	t (PPE) r	equire	ed?								○ YES		○ NO
re there any du	ıcts, flues c	or out	lets on t	he roo	of?								○ YES		○ NO
yes, is there a i	risk from ha	azard	ous fum	es?									○ YES		○ NO
low many pers	ons require	e acce	ess to th	e roof t	for the d	uratio	on of this	task?							
							ENCY CO								
lame:				Po	sition:						Conta	ıct:			
				· · ·	AUTHOR	ISAT	ION AND	ACCEPT	TANG	CE					
confirm that I have				n and er	nsured that	t the n	ecessary pre	cautions h	ave b	een tal			rry out the w	ork as c	defined abov
nd the conditions o	of this authori	sation	form have	been e	xplained to	all wo	orkers involv	ed. I accep	t resp	onsibi	lity for thi	s work.			
ermit Acceptor:				Signat	ture:					Valid	From:	Time:		Date:	
ompany:				Permi	it Issuer:					Valid	То:	Time:		Date:	
				HAN	NDBACK	, REC	EIPT ANI	CANCE	LLA	TION					
confirm that the ac	tivity has bee	n com	pleted, ch	ecked by	y myself an	d the	area left sec	ure and in	a safe	and ti	dy condit	on.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SI	ECUR	<u>ITY</u>						<u>E</u> :	STAT	ES & CA	PITAL	DEVELOR	PMEN'	<u>T</u>
cknowledge recei	pt of this perr					person							completed in		
charge has left the	e area secure	and in	a safe and	tidy co	ndition.			permit an	d the	area le	rt secure a	ind in a	safe and tidy	conditi	on.

		Top C	opy:Perr	nit Issu	er, Mid	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u> (00F	ACCI	<u>SS</u>	REQU	EST FOF	<u>RM</u>		REF:	0032	2	
Organisation:				Permit	Accepto	or:				Mobile:				
Building:				Roof A	ccess Pc	int:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey		Refurb	ishm	ent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippi	ng &	Dismant	ing (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	pectior	/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task? YI		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZAI	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	tent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	ppropi	riate cloth	ing and	l footw	ear?						○ YES		○ NO
s additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling ma	aterial	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired?								○ YES		○ NO
Are there any du	cts, flues	or out	lets on the	e roof?								○ YES		○ NO
f yes, is there a r	isk from	hazard	ous fumes	5?								○ YES		○ NO
How many pers	ons requi	ire acce	ess to the	roof for	the du	ıratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	ion:					Conta	act:			
				AU'	THORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have and the conditions c												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				Va	lid From:	Time:		Date:	
Company:				Permit Is:	suer:				Va	lid To:	Time:		Date:	
				HAND	ВАСК,	REC	EIPT AND	CANCELL	ATIC	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	yself and	d the a	area left sec	ure and in a sa	e and	d tidy condit	ion.			
Permit Acceptor:					S	ignat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed th	nat the p	erson		I am satisfied t				DEVELOR ompleted in		
n charge has left the								permit and the						
							- '							

			D	OF A	CCE	S C 1	REQU	EST F	OP	M		REF:	0033	······································	
ston Universi	ty		<u>N</u>	<u> </u>	ICCE	33	NEQU	E31 F	ON	IVI		KEF:	003.)	
rganisation:				Permit .	Accepto	r:					Mobile:				
uilding:				Roof Ac	cess Poi	nt:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspecti	on/Su	irvey	○ R	efurbi	shme	ent	0	Ancil	lary W	orks/		○ Mai	ntenar	nce
	Cleaning	g		⊜ S	trippir	ıg & [Dismant	ling	09	short-	Duratio	n Worl	<		
NB	For any wo	rk type	e other ti	nan 'Insp	ection	/Surv	ey', a 'W	orking a	t Heig	ht' Pe	rmit to v	vork M	AY be requ	uired.	
															of Health and
las a suitable ar	nd sufficient	risk as	ssessme	nt been	under	taker	n for this	task?	YES	5	01	10	amended) r	equire that employee	tions 1999 (as t organisations v es record the assessments an
as a method st	atement bee	en und	dertaker	n for this	task?			(YES	5	01	NO	identify tho assessment must be sub Developme	se especial s and meth omitted to nt Departn	lly at risk. Risk nod statements Estates & Capita ment in advance
				<u> </u>	IAZAR	DS A	ND PRE	CAUTIO	<u>ONS</u>				works comr	nencing.	
re all persons re	equiring roo	of acce	ess traine	ed and c	ompet	ent?							○ YES		○ NO
re the weather													YES		○ NO
re all persons v	vearing appr	ropria	te cloth	ng and	footwe	ear?							○ YES		○ NO
additional edg	ge protection	n requ	ired?										○ YES		○ NO
personal fall a	rrest equipm	nent re	equired	,									○ YES		○ NO
there a risk of	falling mate	rial?											○ YES		○ NO
Personal Prote	ctive Equipr	ment ((PPE) red	quired?									○ YES		○ NO
re there any du	ıcts, flues or	outlet	ts on the	e roof?									○ YES		○ NO
yes, is there a r	risk from haz	ardou	ıs fumes	?									○ YES		○ NO
low many perso	ons require a	access	to the i	oof for t	the du	atior	n of this	task?							
								NTACT:							
lamor						1100 00	iniceted v	vitir the w	OTK)		Conta	oct.			
lame:				Position	on:						Conta	ict:			
				AUT	HORIS	ATIO	ON AND	ACCEP	TANG	<u>CE</u>					
confirm that I have nd the conditions o													rry out the v	ork as c	defined abov
ermit Acceptor:				Signature:						Valid	From:	Time:		Date:	
Company:				Permit Issu	uer:					Valid	То:	Time:		Date:	
				HANDE	BACK, I	RECE	IPT ANI	D CANC	ELLA	TION					
confirm that the ac	tivity has been	comple	eted, chec	ked by my	self and	the ar	ea left sec	ure and ir	a safe	and tio	dy condit	on.			
ermit Acceptor:					Si	gnatuı	re:					Time:		Date:	
	SEC	URIT	Υ						<u>E</u> :	STAT	ES & CA	PITAL	DEVELO	PMEN	<u>T</u>
icknowledge receip charge has left the	pt of this permi	t having				rson							completed ir safe and tidy		

		Top C	opy:Per	mit Issu	uer, <mark>Mid</mark>	ldle	Copy:Se	curity, Bott o	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u>	<u>00F</u>	ACCI	<u>ESS</u>	REQU	EST FOR	<u>RM</u>		REF:	0034	ļ	
Organisation:				Permi	it Accepto	or:				Mobile:				
Building:				Roof	Access Po	oint:				2nd Escap	oe Route:			
WORK TYPE:	○ Inspe	ection/	Survey	0	Refurb	ishm	ent	○ Anc	illary	Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippi	ng &	Dismant	ing 🔿	Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	spectior	ı/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task? YE		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZAI	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	tent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
personal fall a	rest equ	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	cts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a r	isk from	hazard	ous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ıratic	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit						Conta	act:			
				AU	JTHORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have and the conditions o				and ensu	ured that	the ne	ecessary pre	cautions have	been			rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	re:				Val	id From:	Time:		Date:	
Company:				Permit Is	ssuer:				Val	id To:	Time:		Date:	
				HAND	ВАСК,	REC	EIPT AND	CANCELLA	ATIC	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by n	nyself and	d the a	area left sec	ure and in a saf	e and	l tidy condit	ion.			
Permit Acceptor:					S	ignati	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		formed t	that the n	erson		I am satisfied t				DEVELOR		
n charge has left the						2.3011		permit and the						

		Top C	opy:Pern	nit Issue	er, Mide	dle (Copy:Se	curity, <mark>Bot</mark>	ton	Copy:Pe	rmit Ac	ceptor		
Aston Universi	ty		RO	OOF A	ACCE	<u>SS</u>	REQU	EST FO	RN	1	REF:	0035	5	
Organisation:				Permit	Accepto	r:				Mobile:				
Building:				Roof A	ccess Poi	nt:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	○ F	Refurbis	shm	ent	○ An	cilla	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		09	Strippin	ıg &	Dismant	ing () Sh	ort-Duratio	n Work			
NB	: For any	work ty	pe other th	nan 'Insp	pection,	/Sur	vey', a 'Wo	orking at He	eigh	t' Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st						take	n for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations was record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
				j	HAZAR	DS /	AND PRE	CAUTION:	<u>S</u>					
Are all persons re	equiring	roof ac	cess traine	ed and o	ompet	ent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	ppropi	riate clothi	ng and	footwe	ar?						○ YES		○ NO
additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rrest equi	ipment	required?	1								○ YES		○ NO
s there a risk of	falling ma	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) rec	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many perso	ons requi	re acce	ess to the r	oof for	the dui	atio	n of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Positi	on:					Conta	act:			
				AU1	THORIS	ATI	ON AND	ACCEPTA	NCI					
confirm that I have nd the conditions c												ry out the w	ork as o	defined above
Permit Acceptor:				Signature	:				١	alid From:	Time:		Date:	
Company:				Permit Iss	uer:				V	alid To:	Time:		Date:	
				HANDE	BACK, I	REC	EIPT AND	CANCELL	.AT	<u>ION</u>				
confirm that the ac	tivity has be	en com	pleted, check	red by my	self and	the a	rea left sec	ure and in a s	afe a	nd tidy condit	ion.			
Permit Acceptor:					Sig	gnatı	ure:				Time:		Date:	
acknowledge recei	ot of this pe		/ing been inf			rson			that	the activity h	as been c	ompleted in	accord	ance with thi
n charge has left the	area secur	e and in	a safe and ti	dy condit	ion.			permit and th	ne ar	ea left secure	and in a s	afe and tidy	conditi	on.
		Time:		Date:							Time:		Date:	

ston Universi	tv		R	OOF	ACCI	ESS	REQU	EST F	OR	M		REF:	0030	3	
	cy			7							NA = la il = :				
Organisation:				Permit	Accepto	or:				4	Mobile:				
uilding:				Roof A	ccess Po	int:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspecti	on/Su	urvey	OI	Refurb	ishm	nent	0	Ancil	lary V	Vorks		○ Mai	ntenar	nce
	Cleaning	g		0	Strippi	ng &	Dismant	ling	09	Short-	Duratio	n Wor	k		
NB	For any wo	rk typ	e other t	han 'Ins _i	pectior	n/Sur	vey', a 'Wo	orking at	Heig	ht' Pe	rmit to v	vork M	AY be req	uired.	
as a suitable ar as a method st							en for this		YES		01		Safety at W amended) if five or more significant to identify the assessment must be sul	ork Regular equire that e employee indings of se especial s and methomitted to nt Departn	of Health and tions 1999 (as t organisations v es record the assessments and ly at risk. Risk nod statements Estates & Capita nent in advance
				<u> </u>	HAZAI	RDS	AND PRE	CAUTIC	<u> NS</u>					-	
re all persons r	equiring roo	of acce	ess train	ed and	compe	tent	:?						○ YES		○ NO
re the weather	conditions a	accep	table?										○ YES		○ NO
re all persons v	vearing appr	ropria	te cloth	ing and	footw	ear?							○ YES		○ NO
additional edg	ge protection	n requ	uired?										○ YES		○ NO
personal fall a	rrest equipm	nent r	equired	?									○ YES		○ NO
there a risk of	falling mate	rial?											○ YES		○ NO
Personal Prote	ective Equipr	ment	(PPE) re	quired?									○ YES		○ NO
re there any du	ıcts, flues or	outle	ts on the	e roof?									○ YES		○ NO
yes, is there a r	risk from haz	ardo	us fume:	5?									○ YES		○ NO
low many perso	ons require a	acces	s to the	roof for	the du	ıratio	on of this	task?							
							ENCY CO								
lame:				Positi							Conta	nct:			
					L										
6 1 11	.6. 1.1		.:				ION AND					<u> </u>			1.6. 1.1
confirm that I have nd the conditions o													irry out the v	vork as c	теттпеа ароч
ermit Acceptor:				Signature	ż:					Valid	From:	Time:		Date:	
ompany:				Permit Iss	suer:					Valid	То:	Time:		Date:	
				HAND	BACK,	REC	EIPT ANI	D CANC	ELLA	TION					
onfirm that the ac	tivity has been	comple	eted, chec	ked by m	yself and	the	area left sec	ure and in	a safe	and ti	dy condit	ion.			
					S	ignat	ure:					Time:		Date:	
ermit Acceptor:					_										
·		URIT											. DEVELO		
ermit Acceptor: cknowledge recei charge has left the	pt of this permi	t havin	ng been int			erson			fied th	at the	activity ha	s been	completed in safe and tidy	n accord	ance with tl

		Top C	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, <mark>Bot</mark>	tom	Copy: Pe	rmit Ac	ceptor		
Aston Universi	ty		<u>R(</u>	OOF A	ACC	<u>ESS</u>	REQU	EST FO	RN	<u> </u>	REF:	0037	,	
Organisation:				Permit	Accep	tor:				Mobile:				
Building:				Roof A	ccess P	oint:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	nent	○ An	cilla	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work			
NB	: For any	work ty	pe other tl	nan 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	eigh	t' Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTION	<u>S</u>					
Are all persons r	equiring	roof ac	cess traine	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate clothi	ng and	footv	vear?						○ YES		○ NO
additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	ipmen	t required?	,								○ YES		○ NO
s there a risk of	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from	hazard	ous fumes	?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the 1	oof for	the d	uratio	on of this	task?				L		
							ENCY CO	NTACTS vith the work						
Name:				Posit						Conta	act:			
				AU'	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have and the conditions o				ınd ensu	red that	t the n	ecessary pre	ecautions hav	e bee	en taken. It is s		rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				V	alid From:	Time:		Date:	
Company:				Permit Is:	suer:				v	alid To:	Time:		Date:	
				<u>HAND</u>	BACK	, REC	EIPT ANI	O CANCELI	LAT	<u>ON</u>				
confirm that the ac	tivity has be	een com	pleted, checl	ked by m	yself ar	d the	area left sec	ure and in a s	afe a	nd tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed th	nat the	oerson		l am satisfied		the activity h				
n charge has left the						- 2/30//				ea left secure				
		Time:		Date:							Time:		Date:	

		ТорС	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, Bot	tom	Copy:Pe	mit Aco	ceptor		
Aston Universi	ty		<u>R(</u>	OOF	<u>ACC</u>	ESS	REQU	EST FO	RN	<u> </u>	REF:	0038	3	
Organisation:				Permit	t Accept	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	oe Route:			
WORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	nent	○ An	cilla	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work	(
NB	: For any	work ty	pe other tl	nan 'Ins	pectio	n/Sur	vey', a 'Wo	orking at H	eigh	t' Permit to	work M	AY be requ	iired.	
Has a suitable ar Has a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed indings of the especial and methal mitted to int Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
					HAZA	RDS	AND PRE	CAUTION	<u>S</u>					
Are all persons r	equiring	roof ac	cess traine	ed and	comp	etent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate clothi	ng and	l footv	vear?						○ YES		○ NO
s additional edg	je protect	tion re	quired?									○ YES		○ NO
s personal fall a	rrest equi	pmen	t required?	,								○ YES		○ NO
s there a risk of	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the i	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work	1					
Name:				Posit	ion:					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have and the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				V	alid From:	Time:		Date:	
Company:				Permit Is:	suer:				V	alid To:	Time:		Date:	
				HAND	BACK	, REC	EIPT ANI	CANCEL	LAT	ION				
confirm that the ac	tivity has be	en com	pleted, checl	ked by m	yself an	d the	area left sec	ure and in a s	afe a	nd tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
a almanda da		SECUR		- 1 el				Lama sadi C		TATES & CA				
acknowledge recei n charge has left the						oerson				the activity h				
		Time:		Date:							Time:		Date:	

			R	OF A	CCES	S REQU	EST FOR	М	- -	REF:	0039		
ston Universi	ty		111	<u> </u>	CCLS	JILQU	LSTION	141		INLI.	0033		
rganisation:				Permit A	cceptor:				Mobile:				
uilding:				Roof Acc	cess Point:				2nd Escap	oe Route	:		
ORK TYPE:	○ Inspection	on/Sur	vey	○ Re	efurbish	ment	○ Ancil	lary W	/orks		○ Mair	itenan	ıce
	○ Cleaning	9		⊜ St	ripping	& Dismant	ling OS	Short-	Duratio	n Worl	<		
NB	: For any wor	k type	other th	an 'Inspe	ection/Su	ırvey', a 'W	orking at Heig	ht' Pe	rmit to v	vork M	AY be requ	ired.	
													of Health and
las a suitable ar	nd sufficient	risk ass	essme	nt been (undertal	en for this	task? YES	S		NO	amended) re five or more	quire that employee	ions 1999 (as organisations was record the assessments and
as a method st	atement bee	n unde	ertaker	for this	task?		○ YES	S	$\bigcirc I$	NO	identify thos assessments must be sub Developmen	e especial and meth mitted to I t Departm	ly at risk. Risk ood statements Estates & Capita nent in advance
				<u>H</u>	AZARDS	S AND PRE	CAUTIONS				works comm	ericing.	
re all persons r	equiring roo	f acces	s traine	ed and co	ompeter	ıt?					○ YES		○ NO
re the weather					•						YES		ONO
re all persons v	vearing appr	opriate	clothi	ng and f	ootwear	?					YES	(○ NO
additional edg	e protection	requir	red?								YES	(○ NO
personal fall a	rest equipm	ent red	quired?								○ YES		○ NO
there a risk of	falling mater	ial?									○ YES		○ NO
Personal Prote			PPE) rec	uired?							○ YES		ONO
re there any du	icts, flues or	outlets	on the	roof?							○ YES		ONO
yes, is there a r											○ YES		\bigcirc NO
low many pers					he durat	ion of this	task?						
				(1)		GENCY CO	NTACTS vith the work)						
						. connected v	vitir trie work)						
Name:				Positio	n:				Conta	act:			
				AUTI	HORISA [*]	TION AND	ACCEPTANO	<u>CE</u>					
confirm that I have											rry out the w	ork as d	lefined abov
nd the conditions o	i this authorisa	uon iorn	n nave be	een expiair	led to all v	vorkers invol	/ed. raccept resp			Г			
ermit Acceptor:				Signature:					From:	Time:		Date:	
				Permit Issu	er:			Valid	To:	Time:		Date:	
ompany:				HANDB	ACK, RE	CEIPT ANI	O CANCELLA	TION					
ompany:					elf and the	e area left sec	ure and in a safe	and tid	dy condit	ion.			
confirm that the ac	tivity has been o	complete	ed, check	ed by mys									
. ,	tivity has been o	complete	ed, check	ed by mys	1	nture:				Time:		Date:	
onfirm that the ac		complete		ed by mys	1	nture:	<u>E</u> :	STAT	ES & CA	l L	DEVELOF		
onfirm that the ac	SEC of this permit	URITY thaving	been inf	ormed that	Signa t the perso		Lam satisfied th	at the a	activity ha	APITAL as been o	completed in	PMENT accorda	Tance with t

ston Universi	ty		<u>R</u>	<u> 00F</u>	<u>ACC</u>	<u>ESS</u>	REQU	JEST	<u>FOR</u>	<u>M</u>		REF:	0040)	
rganisation:				Permi	t Accep	tor:					Mobile:				
uilding:				Roof A	Access P	oint:					2nd Escap	e Route			
ORK TYPE:	○ Inspect	ion/S	Survey	0	Refurk	oishm	ent	C) Ancil	lary '	Works		○ Mair	ntenar	nce
	Cleanin	ng		0	Stripp	ing &	Dismant	tling	09	Short	t-Duratio	n Worl	(
NB	For any wo	ork ty	pe other	han 'Ins	pectio	n/Sur	vey', a 'W	orking o	at Heig	ht' P	ermit to v	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for thi		○ YE		10		Safety at Wo amended) re- five or more significant fi identify tho- assessments must be sub Developmen	ork Regular equire that employee ndings of se especial and meth mitted to nt Departn	of Health and tions 1999 (as t organisations v ss record the assessments and lly at risk. Risk nod statements Estates & Capita nent in advance
					HAZA	RDS	AND PRI	ECAUTI	<u>IONS</u>				works comn	nencing.	
re all persons r	equiring roo	of ac	cess train	ed and	comp	etent	?						○ YES		○ NO
re the weather	conditions	acce	ptable?										○ YES		○ NO
re all persons v	vearing app	ropr	iate cloth	ing and	d footv	vear?							○ YES		○ NO
additional edg	ge protectio	n rec	uired?										○ YES		○ NO
personal fall a	rrest equipr	nent	required	?									○ YES		○ NO
there a risk of	falling mate	erial?											○ YES		○ NO
Personal Prote	ctive Equip	men	t (PPE) re	quired	?								○ YES		○ NO
re there any du	ıcts, flues or	r outl	ets on th	e roof?									○ YES		○ NO
yes, is there a r	risk from ha	zardo	ous fume	s?									○ YES		○ NO
low many pers	ons require	acce	ss to the	roof fo	r the d	uratio	on of this	task?							
							ENCY CC								
lame:				Posit							Conta	ıct:			
				ΔΙΙ	THOR	ΙςΔΤ	ION AND) ACCFI	ΡΤΔΝ	CF					
confirm that I have	verified the ab	oove ir	nformation								aken. It is s	afe to ca	rry out the w	ork as c	defined abov
nd the conditions o	of this authoris	ation	orm have l	een exp	lained to	all wo	orkers invol	ved. I acc	ept resp	oonsik	oility for thi	s work.			
ermit Acceptor:				Signatur	e:					Vali	d From:	Time:		Date:	
Company:				Permit Is	suer:					Vali	d To:	Time:		Date:	
				HAND	ВАСК	, REC	EIPT AN	D CANO	CELLA	TIOI	<u>V</u>				
confirm that the ac	tivity has been	comp	oleted, che	ked by n	nyself ar	d the	area left sed	cure and i	in a safe	and	tidy condit	on.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SE	CURI	TY						<u>E</u>	STA ⁻	TES & CA	PITAL	DEVELO	PMEN'	Ţ
	pt of this perm					oerson]						completed in		
charge has left the		nd in	a safe and t	idy cond	ition.			permit a	nd the	area I	ert secure a	ind in a s	safe and tidy	conditi	on.

	1	Гор С	opy : Pe	rmit ls	suer, Mi	ddle	Copy: Se	curity, <mark>Bo</mark>	ttoı	m Copy :	Permi	t Acc	eptor		
Aston Universi	ty		<u>F</u>	ROOF	F ACC	ESS	REQU	EST FC	RI	<u>M</u>	RI	EF:	0041		
Organisation:				Peri	mit Accep	tor:				Mobil	le:				
uilding:				Roo	of Access P	oint:				2nd E	scape R	loute:			
ORK TYPE:	○ Inspec	ction/	Survey	(Refurk	oishm	nent	() Aı	ncill	ary Work	S		○ Mair	ntenar	nce
	Cleani	ing		(Stripp	ing &	Dismant	ling () S	hort-Dura	ation V	Vork			
NB	For any w	ork ty	pe other	than 'l	nspectio	n/Sui	vey', a 'Wo	orking at H	leigi	ht' Permit	to wor	rk M	4Y be requ	iired.	
las a suitable ar las a method st							en for this		YES		○ NO		Safety at Wo amended) re five or more significant fii identify thos assessments must be sub	rk Regular equire that employee ndings of se especial and meth mitted to at Departn	of Health and tions 1999 (as t organisations v se record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
					HAZA	RDS	AND PRE	CAUTION	<u>IS</u>						
re all persons r	equiring ro	oof ac	cess trai	ned an	nd comp	etent	:?						○ YES		○ NO
re the weather	condition	s acce	ptable?										○ YES		○ NO
re all persons v	vearing ap	propi	riate clot	hing aı	nd footv	vear?							○ YES		○ NO
additional edg	ge protecti	on re	quired?										○ YES		○ NO
personal fall a	rrest equip	ment	require	d?									○ YES		○ NO
there a risk of	falling mat	terial?	,										○ YES		○ NO
Personal Prote	ective Equi	pmer	nt (PPE) r	equire	d?								○ YES		○ NO
re there any du	ıcts, flues o	or out	lets on t	ne roof	f?								○ YES		○ NO
yes, is there a i	risk from h	azard	ous fum	es?									○ YES		○ NO
low many pers	ons require	e acce	ess to the	roof f	for the d	uratio	on of this	task?							
							ENCY CO	NTACTS vith the worl	()						
lame:				Pos	sition:					Co	ntact:	:			
				A	UTHOR	ISAT	ION AND	ACCEPTA	ANC	E					
confirm that I have				n and en	sured that	the n	ecessary pre	ecautions ha	ve be	een taken. It			ry out the w	ork as c	lefined abov
nd the conditions o	of this authori	isation	form have	been ex	kplained to	all wo	orkers involv	ed. I accept	resp	onsibility fo	r this w	ork.			
ermit Acceptor:				Signat	ture:					Valid Fro	m: Tir	me:		Date:	
Company:				Permit	t Issuer:					Valid To:	Tir	me:		Date:	
				HAN	IDBACK	, REC	EIPT ANI	CANCEL	LA ⁻	TION					
confirm that the ac	tivity has bee	en com	pleted, che	cked by	/ myself ar	d the	area left sec	ure and in a	safe	and tidy co	ndition.				
ermit Acceptor:						Signat	ure:				<u> </u>	me:		Date:	
	SI	ECUR	ITY						ES	STATES &	CAPI	TAL	DEVELOR	MEN	T
acknowledge recei charge has left the						oersor							ompleted in afe and tidy		

		Top C	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, Bot	tom	Copy: Per	mit Aco	ceptor		
Aston Universi	ty		<u>R(</u>	OOF A	ACC	ESS	REQU	EST FO	RN	1	REF:	0042	2	
Organisation:				Permit	Accept	or:				Mobile:				
Building:				Roof A	ccess P	oint:				2nd Esca	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey		Refurb	oishm	nent	○ An	cilla	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		0:	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work			
NB	: For any	work ty	pe other tl	nan 'Ins _i	pectio	n/Sur	vey', a 'Wo	orking at H	eigh	t' Permit to	work M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed indings of the especial and methal mitted to int Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTION	<u>S</u>					
Are all persons r	equiring	roof ac	cess traine	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate clothi	ng and	footw	vear?						○ YES		○ NO
additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	pmen	t required?	•								○ YES		○ NO
s there a risk of	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from	hazard	ous fumes	?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the 1	oof for	the d	uratio	on of this	task?				L		
							ENCY CO	NTACTS)					
Name:				Positi						Conta	act:			
				AU'	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have nd the conditions c				nd ensu	red that	the n	ecessary pre	cautions hav	e be	en taken. It is s		rry out the w	ork as o	defined above
Permit Acceptor:				Signature	2:				V	alid From:	Time:		Date:	
Company:				Permit Iss	suer:				V	alid To:	Time:		Date:	
				<u>HAND</u>	BACK,	, REC	EIPT ANI	CANCEL	LAT	<u>ION</u>				
confirm that the ac	tivity has be	en com	pleted, checl	ked by m	yself an	d the	area left sec	ure and in a s	afe a	nd tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed th	nat the r	person		l am satisfied		the activity h				
n charge has left the										ea left secure				
		Time:		Date:							Time:		Date:	

		Top C	opy:Peri	nit Issu	er, Mic	ddle	Copy:Se	curity, <mark>Bott</mark>	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u> (OOF	<u>ACC</u>	ESS	REQU	EST FOR	<u>RM</u>		REF:	0043	3	
Organisation:				Permit	t Accept	or:				Mobile:				
Building:				Roof A	Access Po	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurb	ishm	nent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clea	ning			Strippi	ing &	Dismant	ling C	Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	pection	n/Sur	vey', a 'Wo	orking at He	ght'	Permit to 1	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZA	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	etent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	ppropi	riate cloth	ing and	d footw	/ear?						○ YES		○ NO
s additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling ma	aterial	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired?	•							○ YES		○ NO
Are there any du	cts, flues	or out	lets on the	e roof?								○ YES		○ NO
f yes, is there a r	isk from	hazard	ous fume:	5?								○ YES		○ NO
How many pers	ons requi	ire acce	ess to the	roof for	the du	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	ion:					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTAN	ICE					
confirm that I have and the conditions c												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				Va	lid From:	Time:		Date:	
Company:				Permit Is:	suer:				Va	lid To:	Time:		Date:	
				HAND	BACK,	, REC	EIPT ANI	CANCELL	ATIC	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	nyself an	d the	area left sec	ure and in a sa	fe and	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
a alona o da ala		SECUR										DEVELOR		
acknowledge recei n charge has left the						erson		I am satisfied to permit and the						
							-							

			D		N <i>CC</i> !	: c c	REQU	ECT	OΡ	NÆ		REF:	004		
ston Universi	ty		<u>N</u>	<u> </u>	4CCI	<u> </u>	REQU	ESI F	UK	IVI		KEF:	004	4	
rganisation:				Permit	Accepto	or:					Mobile:				
uilding:				Roof A	ccess Po	oint:					2nd Escap	oe Route	:		
ORK TYPE:	○ Inspecti	ion/Sı	urvey	○ F	Refurb	ishm	nent	0	Ancil	lary V	Vorks		○ Mai	ntenar	nce
	Cleanin	ıg		09	Strippi	ng &	Dismant	ling	05	Short-	Duratio	n Wor	k		
NB	: For any wo	rk typ	e other t	han 'Ins _i	pection	n/Sur	vey', a 'W	orking a	t Heig	ht' Pe	rmit to v	work M	AY be req	uired.	
as a suitable ar	nd sufficient	risk a	ıssessme	nt beer	n unde	rtake	en for this	s task?) YE	S	01	NO	Safety at W amended)	ork Regula equire tha	of Health and tions 1999 (as t organisations v
las a method st	atement be	en un	dertakei	n for thi	s task?) YE	S	01	NO	significant identify the	findings of se especia	assessments and lly at risk. Risk nod statements
														nt Departr	Estates & Capita nent in advance
				<u> </u>	HAZAI	RDS	AND PRE	CAUTIO	<u>ONS</u>						
re all persons r	equiring roc	of acc	ess train	ed and o	compe	tent	:?						○ YES		○ NO
re the weather	conditions	accep	table?										○ YES		○ NO
re all persons v	vearing app	ropria	ate cloth	ing and	footw	ear?							○ YES		○ NO
additional edg	je protectioi	n requ	uired?										○ YES		○ NO
personal fall a	rrest equipn	nent r	equired	?									○ YES		○ NO
there a risk of	falling mate	rial?											○ YES		○ NO
Personal Prote	ctive Equip	ment	(PPE) re	quired?									○ YES		○ NO
re there any du	ucts, flues or	outle	ts on the	e roof?									○ YES		○ NO
yes, is there a r	risk from haz	 zardo	us fume:	s?									○ YES		○ NO
low many perso	ons require	acces	s to the	roof for	the du	ıratio	on of this	task?							
							ENCY CO								
lame:				Positi	on:						Conta	act:			
				AU	THORI	SAT	ION AND	ACCEP	TANG	CF.					
confirm that I have				and ensur	ed that	the n	ecessary pre	ecautions	have b	een ta			rry out the v	vork as o	defined abov
nd the conditions o	of this authorisa	ation fo	rm have b	een expla	ined to	all wo	orkers involv	ved. I acce	pt resp	onsibi	lity for th	is work.			
ermit Acceptor:				Signature	:					Valid	From:	Time:		Date:	
Company:				Permit Iss	uer:					Valid	То:	Time:		Date:	
				HANDI	ВАСК,	REC	EIPT ANI	D CANC	ELLA	TION					
confirm that the ac	tivity has been	comple	eted, chec	ked by my	yself and	the a	area left sec	ure and in	a safe	and ti	dy condit	ion.			
					S	ignat	ure:					Time:		Date:	
ermit Acceptor:									E	СТАТ	EC 9. C	DITAL	DEVELO	DATEN	
ermit Acceptor:	SEC	CURIT	<u> Y</u>						<u> </u>	SIAI	E3 & CF	APITAL	. DEVELO	<u>PMEN</u>	<u>T</u>
ermit Acceptor: acknowledge receip charge has left the	pt of this permi	it havin	ng been inf			erson			fied th	at the	activity ha	as been	completed in safe and tidy	n accord	ance with tl

		Top C	Copy : Per	mit Issı	uer, <mark>Mic</mark>	ldle	Copy:Se	curity, <mark>Bott</mark>	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ity		R	OOF	ACCI	<u>ESS</u>	REQU	EST FOR	<u>RM</u>		REF:	0045	5	
Organisation:				Perm	nit Accepto	or:				Mobile:				
Building:				Roof	Access Po	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	/Survey	C) Refurb	ishm	nent	○ Anc	illary	Works		○ Mair	ntenar	nce
	○ Clea	ning		C) Strippi	ng &	Dismant	ing (Sho	rt-Duratio	n Work	(
NB	3: For any	work ty	ype other	than 'In	spection	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	vork M	AY be requ	iired.	
das a suitable ar							en for this	task? YE		OI		Safety at Wo amended) re five or more significant fii identify thos assessments must be sub	rk Regular equire that employeendings of e especial and meth mitted to at Departn	of Health and tions 1999 (as t organisations wi s record the assessments and ly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZAI	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess trair	ned and	d compe	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	wearing a	pprop	riate clotl	ning an	nd footw	ear?						○ YES		○ NO
additional edg	ge protec	tion re	quired?									○ YES		○ NO
s personal fall a	rrest equ	ipmen [.]	t required	ł?								○ YES		○ NO
s there a risk of	falling m	aterial	?									○ YES		○ NO
s Personal Prote	ective Equ	uipmer	nt (PPE) re	quired	l?							○ YES		○ NO
Are there any du	ucts, flues	or out	tlets on th	ne roof?	?							○ YES		○ NO
f yes, is there a	risk from	hazard	lous fume	es?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	or the du	ıratic	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posi	ition:					Conta	act:			
				Al	UTHORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												rry out the w	ork as c	lefined above
Permit Acceptor:				Signatu	ıre:				Val	id From:	Time:		Date:	
Company:				Permit I	lssuer:				Val	lid To:	Time:		Date:	
				HANI	DBACK,	REC	EIPT AND	CANCELLA	ATIC	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, che	cked by r	myself and	d the a	area left sec	ure and in a saf	fe and	l tidy condit	ion.			
Permit Acceptor:					S	ignati	ure:				Time:		Date:	
		SECUR	ITV						ESTA	TES & CA	APITAL	DEVELOF	MEN	T
acknowledge recei				formad	that the s	orcon		lam caticfied +	hat th	a activity h	ac hoon o	ompleted in	عدددمام	anco with th
acknowledge recei n charge has left th	pt of this pe	ermit hav	ving been ir			erson		l am satisfied t permit and the						

				RO	OF A	CC	ESS	REQ	UES	ST F	OR	M		REF:	004	16		
ston Universi	ty			<u> </u>	<u> </u>			1120	J .		UII				00-			
organisation:					Permit /	Accep	tor:						Mobile:					
uilding:					Roof Ac	cess P	oint:						2nd Escap	oe Route	::			
ORK TYPE:	○ Inspec	tion/	Survey		○ R	efurl	oishm	ent		0	Ancil	lary	Works		○ Ma	ainten	anc	e
	○ Cleani	ng			⊜ S	tripp	ing &	Dismar	ntling	9	09	Shoi	rt-Duratio	n Wor	k			
NB	: For any w	ork ty	pe othe	r the	an 'Insp	ectio	n/Sur	vey', a 'V	Vork	ing at	Heig	ht' l	Permit to 1	vork N	I AY be re	quired	•	
as a suitable ar	nd sufficien	nt risk	assess	men	t been	unde	ertake	en for th	nis ta	sk?) YE	<u> </u>	01	NO	Safety at	Work Reg	ulatior	Health and is 1999 (as ganisations v
															five or m	ore emplo nt findings	yees r	ecord the essments and
las a method st	atement b	een u	nderta	ken	for this	task	?) YE	S	01	NO ON	assessme must be Develope	ents and m submitted	ethod to Est ertmer	at risk. Risk statements ates & Capita at in advance
					Ŀ	IAZA	RDS	AND PE	RECA	UTIC	<u> NS</u>							
re all persons r	equiring ro	of ac	cess tra	ine	d and c	omp	etent	?							○ YE	S	C	NO
re the weather	conditions	s acce	ptable	?											○ YE	S	C	NO
re all persons v	vearing ap	propr	iate clo	thir	ng and	footv	vear?								○ YE	S	C	NO
additional edg	je protectio	on re	quired?												○ YE	S	C	NO
personal fall a	rrest equip	ment	requir	ed?											○ YE	S	C	NO
there a risk of	falling mat	erial?	1												○ YE	S	C	NO
Personal Prote	ctive Equip	pmer	t (PPE)	req	uired?										○ YE	S	\subset	NO
re there any du	icts, flues o	r out	lets on	the	roof?										○ YE	S	\subset	NO
yes, is there a r	isk from ha	azard	ous fur	nes?	•										○ YE	S	C	NO
low many pers	ons require	e acce	ess to th	ne ro	oof for t	the d	uratio	on of thi	is tas	k?								
								ENCY C										
Name:					Positio	on:							Conta	act:				
					AUT	HOR	ISAT	ION AN	D A	CCEP.	TAN	<u>CE</u>						
confirm that I have nd the conditions o															erry out the	work a	s def	ined abov
ermit Acceptor:				Τ	gnature:								id From:	Time:		Da	te:	
Company:				Pe	ermit Issu	uer:						Val	id To:	Time:		Da	te:	
					HANDE	BACK	, REC	EIPT AI	ND C	ANC	ELLA	TIO	N					
confirm that the ac	tivity has bee	n com	pleted, c											ion.				
ermit Acceptor:							Signat	ure:						Time:		Da	te:	
		ECUR											TES & CA					
cknowledge recei							person						e activity h		completed safe and ti			
charge has left the	e area secure	anu in	a sale al	u tiu	y conditi	OH.			pei	iiiit aii	u trie	aica	ieit secure a		Jaic and ti		itioi	·

		Top C	opy:Per	mit Issu	ıer, <mark>Mic</mark>	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u>	<u>OOF</u>	<u>ACCI</u>	ESS	REQU	EST FOR	<u>RM</u>		REF:	0047	,	
Organisation:				Permi	it Accept	or:				Mobile:				
Building:				Roof A	Access Po	oint:				2nd Escar	oe Route:			
WORK TYPE:	○ Inspe	ection/	Survey	0	Refurb	ishm	ent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippi	ng &	Dismant	ling (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	spection	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task? YE		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance of
					HAZA	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	earing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
personal fall a	rest equ	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	,									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	cts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a ı	isk from	hazard	ous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ıratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	tion:					Conta	act:			
				AU	JTHORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	re:				Va	lid From:	Time:		Date	
Company:				Permit Is	ssuer:				Va	lid To:	Time:		Date:	
				HAND	BACK,	REC	EIPT ANI	O CANCELLA	ATIC	<u>DN</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by n	nyself an	d the a	area left sec	ure and in a saf	e and	d tidy condit	ion.			
Permit Acceptor:						ignat	ure:				Time:		Date:	
admandada		SECUR		fa 1 :	الدود وال							DEVELOR		
acknowledge recein n charge has left the						erson		I am satisfied t permit and the						
				_										

		Top C	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, Bott	om	Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u> (00F	<u>ACC</u>	ESS	REQU	EST FO	<u>RM</u>		REF:	0048	3	
Organisation:				Permi	t Accept	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	ent	○ And	illar	y Works		○ Mair	ntenar	nce
	○ Clear	ning		\circ	Stripp	ing &	Dismant	ling (Sho	ort-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	ight	Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed indings of the especial and methal mitted to int Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
					HAZA	RDS	AND PRE	CAUTIONS	<u> </u>					
Are all persons r	equiring I	roof ac	cess train	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate cloth	ing and	d footv	vear?						○ YES		○ NO
additional edg	je protect	tion re	quired?									○ YES		○ NO
s personal fall a	rrest equi	pmen	t required	?								○ YES		○ NO
s there a risk of	falling ma	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?	,							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	e roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	5?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the	roof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	Г					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTAI	NCE					
confirm that I have nd the conditions c				and ensu	red that	the ne	ecessary pre	ecautions have	bee			rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	e:				Vā	alid From:	Time:		Date:	
Company:				Permit Is	suer:				Vā	alid To:	Time:		Date:	
				HAND	ВАСК	, REC	EIPT ANI	CANCELL	ATI	<u>ON</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	nyself an	d the	area left sec	ure and in a sa	ife an	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed tl	hat the i	oerson		I am satisfied		ATES & CA				
n charge has left the								permit and th						
		Time:		Date:							Time:		Date:	

		Top C	opy:Per	mit Issu	ıer, <mark>Mic</mark>	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Aco	ceptor		
Aston Universi	ty		<u>R</u>	<u>OOF</u>	<u>ACCI</u>	ESS	REQU	EST FOF	<u>RM</u>		REF:	0049)	
Organisation:				Permi	it Accept	or:				Mobile:				
Building:				Roof A	Access Po	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurb	ishm	ent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippi	ng &	Dismant	ing (Sho	rt-Duratio	n Work			
NB	: For any	work ty	pe other t	han 'Ins	spection	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task? YE		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance of
					HAZA	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equ	ipmen [.]	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	icts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a ı	isk from	hazard	ous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ıratio	on of this	task?				L		
							ENCY CO	NTACTS vith the work)						
Name:				Posit	Г					Conta	act:			
				AU	JTHORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	re:				Va	lid From:	Time:		Date:	
Company:				Permit Is	ssuer:				Va	lid To:	Time:		Date:	
				HAND	BACK,	REC	EIPT ANI	CANCELLA	ATIC	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	nyself an	d the a	area left sec	ure and in a sat	e and	tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge *ess:		SECUR		formad +	hat the	orson						DEVELOR		
acknowledge recein charge has left the						erson		I am satisfied t permit and the						

		Top C	Copy: Per	mit Issu	ıer, Mi	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Aco	ceptor		
Aston Universi	ty		<u>R</u>	OOF	ACC	ESS	REQU	EST FOR	<u>RM</u>		REF:	0050)	
Organisation:				Permi	it Accept	or:				Mobile:				
Building:				Roof	Access Po	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	'Survey	0	Refurb	ishm	ent	○ Anc	illary	Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippi	ng &	Dismant	ing (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	spectio	า/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task? YE		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especia and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi se record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance o
					HAZA	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ing and	d footw	/ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
personal fall a	rest equi	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling ma	aterial	?									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a ı	isk from	hazard	lous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit						Conta	act:			
				AU	ITHOR	ISAT	ION AND	ACCEPTAN	ICE	-				
confirm that I have				and ensu	ıred that	the n	ecessary pre	cautions have	been			rry out the w	ork as o	defined above
Permit Acceptor:	or this autho) isation	Tommave	Signatur		all WC	orkers involv	ed. raccept res	· T	lid From:	Time:		Date:	
Company:				Permit Is						lid To:	Time:		Date:	
` ´				11000	D 4 4		FIRE	CANCE]	
confirm that the ac	tivity has be	een com	pleted, ched					ure and in a saf			ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
		SECUR										DEVELOR		
acknowledge recei				formed t	hat the p	erson		I am satisfied t						ance with thi
n charge has left the	area secur	e and in	a safe and t	idy cond	ition.			permit and the	e area	left secure a	and in a s	afe and tidy	conditi	on.

		Тор С	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, Bott	om	Copy : Pei	mit Ac	ceptor		
Aston Universi	ty		<u>R</u> (OOF A	<u>ACC</u>	ESS	REQU	EST FO	<u>RM</u>		REF:	0051		
Organisation:				Permit	t Accept	or:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	oe Route			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	ent	○ And	illar	y Works		○ Mair	ntenar	nce
	○ Clear	ning			Stripp	ing &	Dismant	ling C	Sho	ort-Duratio	n Work	(
NB	: For any	work ty	pe other ti	han 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	ight'	Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance of
					HAZA	RDS	AND PRE	CAUTIONS	-					
Are all persons r	equiring	roof ac	cess train	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	ppropi	riate cloth	ing and	l footv	vear?						○ YES		○ NO
additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	ipmen	required?	?								○ YES		○ NO
s there a risk of	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) red	quired?	,							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	e roof?								○ YES		○ NO
f yes, is there a ı	isk from	hazard	ous fumes	;?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the I	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	Г					Conta	act:			
				AU'	THOR	ISAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o				nd ensu	red that	the n	ecessary pre	ecautions have	beer			rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				Va	alid From:	Time:		Date:	
Company:				Permit Iss	suer:				Va	alid To:	Time:		Date:	
				HAND	BACK	, REC	EIPT ANI	CANCELL	ATIO	<u>ON</u>	•		•	
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	yself an	d the	area left sec	ure and in a sa	fe an	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed th	nat the	person		I am satisfied		ATES & CA				
n charge has left the								permit and th						
_		1 1		П Г			1				Ι Γ		11	

							DECL			B 6			00=		
ston Universi	ty		<u>R</u>	OOF .	<u>ACC</u>	<u>ESS</u>	REQU	<u>IEST I</u>	OR.	<u>M</u>		REF:	0052	2	
Organisation:				Permi	t Accept	tor:					Mobile:				
uilding:				Roof A	Access P	oint:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspect	ion/S	urvey	0	Refurk	oishm	nent	С	Ancil	lary V	Vorks		○ Mair	ntenar	nce
	○ Cleanin	ng		0	Stripp	ing &	Dismant	ling	09	Short-	-Duratio	n Worl	(
NB	For any wo	ork typ	oe other t	han 'Ins	pectio	n/Sur	vey', a 'W	orking a	ıt Heig	ht' Pe	ermit to v	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this		○ YES		01		Safety at Wo amended) ro five or more significant fi identify thosassessments must be sub	ork Regular equire that employee ndings of se especial and meth mitted to	of Health and tions 1999 (as torganisations versecord the assessments and ly at risk. Risk tood statements Estates & Capitanent in advance
					HAZA	RDS	AND PRI	ECAUTI	<u>ONS</u>				works comn	nencing.	
re all persons r	equiring ro	of acc	ess train	ed and	comp	etent	:?						○ YES		○ NO
re the weather	conditions	acce	ptable?										YES		○ NO
re all persons v	vearing app	ropri	ate cloth	ing and	footv	vear?							○ YES		○ NO
additional edg	ge protectio	n req	 juired?										○ YES		○ NO
personal fall a	rrest equipr	nent	required	?									○ YES		○ NO
there a risk of	falling mate	erial?											○ YES		○ NO
Personal Prote	ctive Equip	men	t (PPE) re	quired?	,								○ YES		○ NO
re there any du	ıcts, flues or	r outl	ets on th	e roof?									○ YES		○ NO
yes, is there a r	risk from ha	zardo	ous fume	s?									○ YES		○ NO
low many pers	ons require	acce	ss to the	roof for	the d	uratio	on of this	task?							
							ENCY CO								
Name:				Posit	Ī						Conta	ıct:			
]					
andium that I have	vanifical the ale		forms ation				ION AND				lean làise	-f- +			lafina dalahar
confirm that I have nd the conditions c													rry out the w	OIK as C	ienned abov
ermit Acceptor:				Signatur	e:					Valid	l From:	Time:		Date:	
Company:				Permit Is	suer:					Valic	l То:	Time:		Date:	
				HAND	ВАСК	, REC	EIPT AN	D CANC	ELLA	TION	<u>l</u>				
confirm that the ac	tivity has been	comp	leted, chec	ked by m	nyself an	d the	area left sed	cure and i	n a safe	and ti	dy condit	on.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SE	CURI	<u>TY</u>						<u>E</u> :	STAT	ES & CA	PITAL	DEVELO	PMEN	<u>T</u>
		ta la acció		formed t	hat the r	oorcon	7	l am sati	cfied th	at the	activity ha	s heen	ompleted in	accord	anco with th
acknowledge recei charge has left the													safe and tidy		

			DC	OE A	CCE	ÇÇ	REQU	IFCT	ΕΩP	M		REF:	0053	2	
ston Universi	ty		<u>nc</u>	JOF A	CCE	<u> </u>	NEQU	ESI	<u>run</u>	IVI		KEF:	005		
rganisation:				Permit A	Accepto	r:					Mobile:				
uilding:				Roof Ac	cess Poi	nt:					2nd Escap	oe Route	:		
ORK TYPE:	○ Inspection	on/Surv	еу	○ R	efurbi	shm	ent) Ancil	lary V	Vorks		○ Mai	ntenar	nce
	Cleaning	9		⊜ S	trippir	ıg &	Dismant	ling	09	short-	-Duratio	n Worl	<		
NB	For any wor	k type o	ther th	an 'Insp	ection	/Surv	/ey', a 'W	orking o	at Heig	ht' Pe	ermit to v	work M	AY be requ	uired.	
as a suitable ar						take	n for this	s task?			01		Safety at Wo amended) r five or more significant f	ork Regula equire that employee indings of	of Health and tions 1999 (as t organisations v es record the
as a method st	atement bee	n unde	rtaken	for this	task?				○ YE	5	1 (VO	assessment must be sub	s and meth mitted to nt Departn	lly at risk. Risk nod statements Estates & Capita nent in advance
				<u>H</u>	AZAR	DS /	AND PRE	CAUT	<u>IONS</u>						
re all persons r	equiring roo	f access	traine	d and c	ompet	ent?	?						○ YES		○ NO
re the weather	conditions a	cceptal	ole?										○ YES		○ NO
re all persons v	vearing appr	opriate	clothi	ng and f	ootwe	ear?							○ YES		○ NO
additional edg	ge protection	require	ed?										○ YES		○ NO
personal fall a	rrest equipm	ent req	uired?										○ YES		○ NO
there a risk of	falling mater	ial?											○ YES		○ NO
Personal Prote	ctive Equipn	nent (PF	PE) req	uired?									○ YES		○ NO
re there any du	icts, flues or	outlets	on the	roof?									YES		○ NO
yes, is there a r	risk from haz	ardous 1	fumes	?									YES		ONO
low many pers					he du	atio	n of this	task?							
				(NCY CO								
lame:				Positio	n:						Conta	act:			
				AUT	HORIS	ATI	ON AND	ACCE	PTAN	<u>CE</u>					
confirm that I have													rry out the v	ork as c	defined abov
ermit Acceptor:				ignature:							d From:	Time:		Date:	
Company:				ermit Issu	ier:					Valid	l To:	Time:		Date:	
				HANDR	ACK.	RECI	EIPT AN	D CAN	CELLA	TION					
confirm that the ac	tivity has been o	completed										ion.			
ermit Acceptor:					Si	gnatu	ıre:					Time:		Date:	
	SEC	<u>URITY</u>							<u>E</u>	STAT	ES & CA	PITAL	DEVELO	PMEN'	<u>T</u>
1 1 1	. (.)				1		l					- 1			
ncknowledge recei charge has left the						rson							completed ir safe and tidy		

		Top C	opy:Per	mit Issu	uer, Mid	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Aco	ceptor		
Aston Universi	ty		<u>R</u>	OOF	ACCI	<u>ESS</u>	REQU	EST FOF	<u>RM</u>		REF:	0054		
Organisation:				Perm	nit Accepto	or:				Mobile:				
Building:				Roof	Access Pc	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	'Survey	С) Refurb	ishm	nent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clear	ning		C) Strippi	ng &	Dismant	ing (Sho	rt-Duratio	n Work			
NB	: For any	work ty	pe other	than 'In	spection	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	vork M	AY be requ	ired.	
las a suitable ar las a method st							en for this	task? YE		OI		Safety at Wo amended) re five or more significant fii identify thos assessments must be sub	rk Regular equire that employeendings of e especial and meth mitted to at Departn	of Health and citions 1999 (as to organisations with its record the assessments and ly at risk. Risk nod statements Estates & Capital nent in advance
					HAZAI	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess trair	ned and	d compe	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ning an	d footw	ear?						○ YES		○ NO
additional edg	je protect	tion re	quired?									○ YES		○ NO
personal fall a	rrest equi	ipmen	t required	l?								○ YES		○ NO
s there a risk of	falling ma	aterial	?									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	l?							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on th	e roof?	?							○ YES		○ NO
f yes, is there a i	risk from l	hazard	lous fume	es?								YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	or the du	ıratic	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posi	ition:			<u>`</u>		Conta	act:			
				AL	UTHORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have and the conditions o												rry out the w	ork as c	lefined above
Permit Acceptor:				Signatu	ıre:				Va	lid From:	Time:		Date:	
Company:				Permit I	lssuer:				Va	lid To:	Time:		Date:	
				HAND	DBACK,	REC	EIPT AND	CANCELLA	ATIC)N	1		'	
confirm that the ac	tivity has be	een com	pleted, che								ion.			
Permit Acceptor:					S	ignat	ure:				Time:		Date:	
cc.cepto									FST/	ATES & CA	ΙΡΙΤΔΙ	DEVELOR	VVEVI	Т
		SECUR												
acknowledge recei n charge has left the	pt of this pe	ermit hav	ving been ir			erson		I am satisfied t permit and the	hat th	ne activity ha	as been c	ompleted in	accord	ance with th

			RC	OF A	CCE	SS RE	QU	EST FO	RN	1	REF:	0055	5	
ston Universi	ty													
organisation:				Permit A	cceptor	:				Mobile:				
uilding:				Roof Acc	cess Poir	nt:				2nd Esca	pe Route	:		
ORK TYPE:	○ Inspection	on/Surv	еу	○ Re	efurbis	hment		○ And	cilla	ry Works		○ Mair	ntenar	nce
	Cleaning)		⊜ St	rippin	g & Disn	nantl	ing () Sh	ort-Duratio	n Wor	k		
NB	For any wor	k type o	ther th	an 'Inspe	ection/	Survey',	a 'Wo	orking at He	igh	t' Permit to	work M	AY be requ	iired.	
las a suitable ar						aken fo	r this			01		Safety at Wo amended) re five or more significant fi	rk Regulate equire that employee ndings of	of Health and tions 1999 (as t organisations v es record the assessments and lly at risk. Risk
las a method st	atement bee	n unde	rtaken	for this	task?			\bigcirc	ES	O1	NO	assessments must be sub	and meth mitted to nt Departn	nod statements Estates & Capita nent in advance
				<u>H</u>	AZARI	DS AND	PRE	CAUTION:	5					
re all persons re	equiring roo	faccess	traine	d and co	ompet	ent?						YES		○ NO
re the weather												YES		○ NO
re all persons v	vearing appr	opriate	clothii	ng and f	ootwe	ar?						○ YES		○ NO
additional edg	ge protection	require	ed?									○ YES		○ NO
personal fall a	rrest equipm	ent requ	uired?									○ YES		○ NO
there a risk of	falling mater	ial?										○ YES		○ NO
Personal Prote	ective Equipn	nent (PF	PE) req	uired?								○ YES		○ NO
re there any du	ıcts, flues or	outlets o	on the	roof?								○ YES		○ NO
yes, is there a r	risk from haz	ardous f	fumes	?								○ YES		○ NO
low many perso	ons require a	ccess to	the r	oof for t	he dur	ation of	this t	task?						
				(1				NTACTS rith the work)						
Name:				Positio	n:					Conta	act:			
				AUTI	HORIS	ATION A	AND	ACCEPTA	NCI					
confirm that I have												rry out the w	ork as c	defined abov
nd the conditions o	of this authorisa	tion form			ned to al	I workers	invoiv	ed. I accept re	Т	'alid From:			1	
ermit Acceptor:			 	ignature:	0.41					alid From. /alid To:	Time:		Date:	
Company:				ermit Issu	cı.				Ľ	and 10.	Time:		Date:	
			<u> </u>	HANDB.	ACK, R	ECEIPT	AND	CANCELL	AT.	<u>ION</u>				
confirm that the ac	tivity has been o	ompleted	d, check	ed by mys	elf and t	he area le	ft secu	ure and in a sa	fe a	nd tidy condit	ion.			
ermit Acceptor:					Sig	nature:					Time:		Date:	
	SEC	URITY							ES.	TATES & CA	APITAL	DEVELOR	MEN.	Ţ
					1		-		. 1					
icknowledge receip charge has left the	pt of this permit	having b				son				the activity had a left secure a				

Aston Universi	ty		R	OOF A	CCES	S REQU	EST FOR	M		REF:	0056	<u> </u>	
Organisation:				Permit A	cceptor:				Mobile:				
uilding:				Roof Ace	cess Point:				2nd Escap	oe Route	:		
VORK TYPE:	○ Inspecti	on/Suı	rvey	○ Re	efurbish	ment	○ Anci	llary \	Vorks		○ Mair	itenar	ice
	○ Cleaning	g		◯ S1	ripping	& Dismant	ling ()	Short	-Duratio	n Worl	<		
NB	For any wo	rk type	other th	nan 'Insp	ection/Su	ırvey', a 'W	orking at Heig	ght' Pe	ermit to 1	vork M	AY be requ	ired.	
las a suitable ar las a method st						ken for thi	s task? YE		OI OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	rk Regulat quire that employee ndings of a e especial and meth mitted to t Departn	of Health and cions 1999 (as organisations v is record the assessments and ly at risk. Risk iod statements Estates & Capita nent in advance
				<u>H</u>	AZARD	S AND PRI	CAUTIONS						
re all persons r	equiring roo	f acces	ss traine	ed and co	ompeter	nt?					○ YES		○ NO
re the weather	conditions a	accept	able?								○ YES	ı	○NO
re all persons v	vearing appr	ropriat	e clothi	ng and f	ootwea	?					○ YES		○ NO
additional edg	je protectior	n requi	red?								○ YES		○ NO
personal fall a	rrest equipm	nent re	quired?	•							○ YES		○NO
there a risk of	falling mater	rial?									○ YES		○NO
Personal Prote	ctive Equipr	ment (l	PPE) red	quired?							○ YES		○ NO
re there any du	ıcts, flues or	outlet	s on the	roof?							○ YES		○NO
yes, is there a r	risk from haz	ardou	s fumes	?							○ YES		○NO
low many pers	ons require a	access	to the r	oof for t	he durat	ion of this	task?						
				(GENCY CO	NTACTS with the work)						
lame:				Positio	n:				Conta	act:			
				AUT	HORISA	TION AND	ACCEPTAN	CE					
confirm that I have nd the conditions o											rry out the w	ork as c	lefined abov
ermit Acceptor:	——————————————————————————————————————		$\neg \Box$	Signature:	led to all v	VOIKEIS IIIVOI	ved. Faccept Tes		d From:	Time:		Date:	
Company:			= -	Permit Issu	er:			Valid	d To:	Time:		Date:	
									_				
	tivity has been	complet					Cure and in a safe			ion.			
confirm that the ac					7					T:		Ι	
confirm that the ac					Sign	ature:				Time:		Date:	
ermit Acceptor:		URITY		1.7						<u> PITAL</u>	. DEVELOF	MEN.	<u> </u>
	pt of this permi	t having	been inf		t the perso		I am satisfied the	nat the	activity ha	NPITAL as been o	completed in	PMEN accord	Tance with the

Aston Univers	ity		<u> </u>	ROC	OF ACC	ESS	REC	QUE	EST	FOR	M		REF:	005	7	
Organisation:				P	ermit Accep	tor:						Mobile:				
Building:				R	oof Access F	Point:						2nd Esca	pe Route	2:		
VORK TYPE:	○ Insp	ection/	Survey		○ Refur	bishm	nent		С	Anci	llary V	Vorks		○ Ma	inten	ance
	○ Clea	ning			Stripp	ing &	Disma	antli	ng	0	Short-	Duratio	n Wor	k		
N	B: For any	work ty	pe other	than	'Inspectio	n/Sur	vey', a	'Woı	rking d	ıt Heig	ght' Pe	rmit to	work M	IAY be red	quired	
las a suitable a	nd suffici	ent risk	assessn	nent l	been und	ertake	en for	this 1	task?	○ YE	S	0	NO	Safety at amended five or mo	Work Regu) require to ore employ	nt of Health and Ilations 1999 (as hat organisation yees record the
las a method s	tatement	been u	ındertak	en fo	or this task	:?				○ YE	S	0	NO	identify the assessme must be so Developn	nose espe nts and m ubmitted	of assessments a cially at risk. Risk ethod statemen to Estates & Cap rtment in advar I.
					HAZA	ARDS	AND I	PREC	CAUTI	<u>ONS</u>						
re all persons	requiring	roof ac	cess trai	ned a	and comp	etent	:?							○ YE	S	○ NO
re the weathe	r conditio	ns acce	eptable?											○ YE	S	○NO
re all persons	wearing a	appropi	riate clot	hing	and foot	wear?								○ YE	S	○NO
additional ed	ge protec	tion re	quired?											○ YE	S	\bigcirc NO
personal fall	arrest equ	iipment	t require	d?										○ YE	S	\bigcirc NO
there a risk of	falling m	aterial?	,											○ YE	S	○NO
Personal Prot	ective Eq	uipmer	nt (PPE) r	equir	red?									○ YE	S	\bigcirc NO
re there any d	ucts, flues	s or out	lets on t	he ro	of?									○ YE	S	\bigcirc NO
yes, is there a	risk from	hazard	ous fum	es?										○ YE	S	○NO
low many per	sons requ	ire acce	ess to th	e roo	f for the d	uratio	on of t	his t	ask?							
							ENCY connect			_						
Name:] P	osition:							Conta	act:			
					4117110		10111	ND								
confirm that I hav	a varified th	o abous i	nformatio	n and	AUTHOF							lon It is a	ofo to ca	veni out the	work a	s defined ab
nd the conditions														irry out the	WOIK	s defined ab
Permit Acceptor:				Sign	nature:						Valic	From:	Time:		Dat	e:
Company:				Pern	mit Issuer:						Valic	To:	Time:		Dat	e:
				HA	NDBACK	, REC	EIPT /	AND	CANC	ELLA	TION					
	ctivity has b	een com	pleted, ch	ecked	by myself a	nd the	area left	t secu	re and i	n a safe	e and ti	dy condit	ion.			
confirm that the a							uro.						Time:		Dat	
						Signat	uie							<u> </u>	```	.e:
confirm that the a		SECUR	<u>ITY</u>			Signat							APITAL	DEVELO	DPME	NT
	ipt of this p	ermit hav	/ing been			J				sfied th	nat the	activity h	APITAL as been		DPME in acco	NT rdance with

		Top C	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, Bott	om	Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u> (OOF A	<u>ACC</u>	ESS	REQU	EST FOI	<u>RM</u>		REF:	0058	3	
Organisation:				Permit	Accept	tor:				Mobile:				
Building:				Roof A	ccess P	oint:				2nd Esca	oe Route:	:		
VORK TYPE:	○ Inspe	ection/	Survey		Refurk	oishm	nent	○ And	illar	y Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling C	Sho	ort-Duratio	n Work	(
NB	: For any	work ty	pe other ti	nan 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	ight	'Permit to	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance of
					HAZA	RDS	AND PRE	CAUTIONS	<u> </u>					
Are all persons r	equiring i	roof ac	cess train	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	ppropi	riate cloth	ng and	footv	vear?						○ YES		○ NO
additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	pmen	required?	,								○ YES		○ NO
s there a risk of	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the I	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	ion:					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTAI	NCE					
confirm that I have nd the conditions c												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				Vā	alid From:	Time:		Date:	
Company:				Permit Iss	suer:				Vā	alid To:	Time:		Date:	
				HAND	ВАСК	, REC	EIPT ANI	CANCELL	ATI	<u>ON</u>				
confirm that the ac	tivity has be	en com	pleted, chec	ked by m	yself an	d the	area left sec	ure and in a sa	fe an	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed th	nat the	person		I am satisfied		ATES & CA				
n charge has left the						_ = 1 3011		permit and th						
		Time:		Date:							Time:		Date:	

		Тор С	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, <mark>Bot</mark>	tom	Copy : Pe	rmit Ac	ceptor		
Aston Universi	ty		R	OOF A	<u>ACC</u>	ESS	REQU	EST FO	RN	<u>1</u>	REF:	0059)	
Organisation:				Permit	Accept	or:				Mobile:				
Building:				Roof A	ccess P	oint:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey		Refurk	oishm	nent	○ An	cilla	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ing () Sh	ort-Duratio	n Work			
NB	: For any	work ty	pe other tl	nan 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	eigh	t' Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employee ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTION	<u>S</u>					
Are all persons r	equiring I	roof ac	cess traine	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate clothi	ng and	footv	vear?						○ YES		○ NO
additional edg	je protect	tion re	quired?									○ YES		○ NO
s personal fall a	rrest equi	pmen	t required?	,								○ YES		○ NO
s there a risk of	falling ma	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the 1	oof for	the d	uratio	on of this	task?				L		
							ENCY CO	NTACTS)					
Name:				Posit	Г					Conta	act:			
				AU'	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have and the conditions c				ınd ensu	red that	the n	ecessary pre	cautions hav	e be	en taken. It is s		rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				V	alid From:	Time:		Date:	
Company:				Permit Is:	suer:				ν	alid To:	Time:		Date:	
				<u>HAND</u>	ВАСК	, REC	EIPT ANI	CANCELI	LAT	<u>ION</u>				
confirm that the ac	tivity has be	en com	pleted, checl	ked by m	yself an	d the	area left sec	ure and in a s	afe a	nd tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR		ormed th	nat the	person		l am satisfied		the activity h				
n charge has left the										ea left secure				
		Time:		Date:							Time:		Date:	

				005	N		DECL	FCT F	0 D	N A					
ston Universi	ty		R	OOF F	<u>ACCI</u>	<u>:SS</u>	REQU	EST FO	<u>OR</u>	<u>M</u>		REF:	006)	
rganisation:				Permit	Accept	or:				N	Nobile:				
uilding:				Roof A	ccess Po	oint:				2	nd Escap	e Route	::		
ORK TYPE:	○ Inspecti	ion/Sı	urvey	<u> </u>	Refurb	ishm	nent		ncil	lary W	orks		○ Mai	ntenar	nce
	Cleanin	g		05	Strippi	ng &	Dismant	ling	05	Short-D	Ouratio	n Wor	k		
NB	For any wo	rk typ	e other t	han 'Ins _t	pection	ı/Sur	vey', a 'We	orking at	Heig	ht' Per	mit to v	vork M	I AY be req	uired.	
as a suitable ar as a method st							en for this		YES		10		Safety at W amended) five or mor significant identify the assessmen must be su	ork Regula require that e employee findings of use especia es and meth bmitted to	of Health and tions 1999 (as t organisations of es record the assessments an Ily at risk. Risk nod statements Estates & Capita
					μα7Δ	DUC	AND PRE	CALITIO	NIC				Developme works com		nent in advance
re all persons re	oguiring roc	of acco	occ train					.CAOTIO	143				○ YES		○ NO
re the weather				<u></u>	compe	:tent							O YES		○ NO
re all persons v				 ing and	footw	ear?							O YES		ONO
additional edg													○ YES		ONO
personal fall a	•			?									○ YES		ONO
there a risk of													○ YES		ONO
Personal Prote			(PPE) re	 guired?									○ YES		O NO
re there any du				·									○ YES		\bigcirc NO
yes, is there a r													○ YES		ONO
low many perso					the du	ıratio	on of this	task?							
							ENCY CO		wls)						
						Hot C	.ormected v	vitii tile wo	IK)	$\overline{\exists}$					
lame:				Positi	on:						Conta	ict:			
				<u>AU</u> 1	THORI	SAT	ION AND	ACCEPT	ANG	<u>CE</u>					
confirm that I have nd the conditions o													erry out the	vork as o	defined abo
Γ	or this authorisa					===	orkers involv	/eu. i accep	Tiesp					11_	
ermit Acceptor:				Signature		<u>—</u>				Valid		Time:		Date:	
Company:				Permit Iss	suer:					Valid	10:	Time:		Date:	
				HAND	ВАСК,	REC	EIPT ANI	CANCE	LLA	TION					
confirm that the ac	tivity has been	compl	eted, chec	ked by m	yself and	d the	area left sec	ure and in a	a safe	and tid	y condit	ion.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SF(CURIT	Υ						<u>E</u> :	STATE	S & CA	PITAL	DEVELO	PMEN	Т
	<u>JL</u>	•••••													
icknowledge receil charge has left the	pt of this permi	it havir	ng been inf			erson							completed i safe and tid		ance with t

		Top C	Copy: Per	mit Issu	uer, <mark>Mid</mark>	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u>	<u>00F</u>	ACCE	<u>SS</u>	REQU	EST FOR	<u>RM</u>		REF:	0061		
Organisation:				Perm	it Accepto	or:				Mobile:				
Building:				Roof	Access Po	int:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	'Survey	C	Refurbi	ishm	ent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clea	ning		С	Strippi	ng &	Dismant	ing 🔿	Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'In:	spection	/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M .	AY be requ	iired.	
Has a suitable ar Has a method st							en for this	task? YE		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especia and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance of
					HAZAF	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	l compe	tent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ing an	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equ	ipmen [.]	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	?									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	icts, flues	or out	lets on th	e roof?	ı							○ YES		○ NO
f yes, is there a i	isk from	hazard	lous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ıratic	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posi	tion:					Conta	act:			
				AL	JTHORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signatu	re:				Va	lid From:	Time:		Date	
Company:				Permit Is	ssuer:				Va	lid To:	Time:		Date:	
				HAND	DBACK,	REC	EIPT AND	CANCELLA	ATIC	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, ched	ked by n	nyself and	d the a	area left sec	ure and in a saf	e and	tidy condit	ion.			
Permit Acceptor:					S	ignati	ure:				Time:		Date:	
acknowledge *os=:		SECUR		formed	that the s	orcos						DEVELOR		
acknowledge recein charge has left the						erson		I am satisfied t permit and the						
- Charge has left th								permit and the	uicu				Contact	

ston Universi	ty			RO(OF A	CC	<u>ESS</u>	REQ	<u>Ul</u>	EST FO	RI	<u>M</u>		REF:	00)62		
Organisation:					Permit A	ccept	tor:						Mobile:					
uilding:					Roof Aco	cess P	oint:						2nd Escap	e Route	::			
ORK TYPE:	○ Inspec	ction/	Survey		○ Re	efurk	oishm	nent		○ An	cill	lary W	/orks		0	Main	tenar	ice
	○ Clean	ing			⊜ St	ripp	ing &	Disma	ntli	ing () S	Short-	Duratio	n Wor	k			
NB	: For any w	ork ty	pe othe	r tha	ın 'Inspe	ectio	n/Sur	vey', a 'l	Wo	rking at He	eig	ht' Pe	rmit to v	vork N	IAY be	requi	red.	
las a suitable ar las a method st								en for th	nis	task? O Y			10		Safety amer five o signif ident asses must Deve	y at Work ded) req r more e icant find ify those sments a be subm	k Regulat quire that mployee dings of especial and meth hitted to Departn	of Health and ions 1999 (as organisations s record the assessments an ly at risk. Risk od statements Estates & Capita ent in advance
					<u>H</u>	AZA	RDS	AND P	RE	CAUTIONS	<u>S</u>							
re all persons r	equiring ro	oof ac	cess tra	ined	and co	omp	etent	:?							0	YES		○ NO
re the weather	condition	s acce	eptable	?											0	YES		○NO
re all persons v	vearing ap	propi	riate clo	thing	g and f	ootv	vear?								0	YES		○NO
additional edg	ge protecti	on re	quired?												0	YES		○NO
personal fall a	rrest equip	ment	require	ed?											0	YES		○NO
there a risk of	falling mat	terial?)												0	YES		○ NO
Personal Prote	ective Equi	pmer	nt (PPE)	requ	ired?										0	YES		○ NO
re there any du	ıcts, flues o	or out	lets on	the r	oof?										0	YES		○ NO
yes, is there a i	risk from h	azard	ous fun	nes?											0	YES		○ NO
low many pers	ons requir	e acce	ess to th	ne roo	of for t	he d	uratio	on of th	is t	ask?								
					(1					NTACTS ith the work)								
lame:					Positio	Г							Conta	nct:				
					ΔΙΙΤΙ	HOR	ΙςΔΤ	ΙΟΝ ΑΝ	חו	ACCEPTA	NC	rF.						
confirm that I have	verified the a	above i	nformatio	on and									cen. It is s	afe to ca	rry out	the wo	ork as d	efined abo
nd the conditions o	of this author	isation	form hav	e beei	n explair	ned to	all wo	orkers inv	olve	ed. I accept re	esp	onsibi	lity for thi	s work.				
ermit Acceptor:				Sig	nature:							Valid	From:	Time:			Date:	
Company:				Per	rmit Issu	er:						Valid	То:	Time:			Date:	
				<u>H</u> .	ANDB	ACK	, REC	EIPT A	ND	CANCELL	Α	TION						
confirm that the ac	tivity has bee	en com	pleted, ch	necked	d by mys	elf an	d the a	area left s	ecu	ire and in a sa	afe	and ti	dy condit	ion.				
ermit Acceptor:							Signat	ure:						Time:			Date:	
		ECUR											ES & CA					
acknowledge recei charge has left the							oerson			am satisfied permit and th								
									L									

			DOO	T A C C	FCC	DECL	FCT FO	.		D==	0000		
ston Universi	ty		<u>KOO</u>	OF ACC	<u>ESS</u>	REQU	EST FO	₹IV		REF:	0063	}	
rganisation:			Pe	ermit Accept	or:				Mobile:				
uilding:			Ro	oof Access P	oint:				2nd Escar	pe Route	:		
ORK TYPE:	○ Inspection	n/Survey		Refurb	ishm	nent	○ And	illa	ry Works		○ Mair	ntenar	ice
	Cleaning			Stripp	ing &	Dismantl	ing C	Sh	ort-Duratio	n Worl	<		
NB	: For any work	type othe	er than	'Inspectio	n/Sur	vey', a 'Wo	rking at He	ight	'Permit to	work M	AY be requ	iired.	
as a suitable ar as a method st						en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments	rk Regulate equire that employee ndings of se especial and meth	assessments an ly at risk. Risk ood statements
												nt Departn	Estates & Capita nent in advance
				HAZA	RDS	AND PRE	CAUTIONS	<u> </u>					
re all persons r	equiring roof	access tra	ined a	ind comp	etent	:?					○ YES		○ NO
re the weather	conditions ac	ceptable	?								○ YES		○ NO
re all persons v	earing appro	priate clo	thing	and footv	/ear?						○ YES		○ NO
additional edg	e protection i	equired?	'								○ YES		○ NO
personal fall a	rest equipme	nt requir	ed?								○ YES		○NO
there a risk of	falling materia	ıl?									○ YES		○NO
Personal Prote	ctive Equipm	ent (PPE)	requir	ed?							○ YES		○NO
re there any du	cts, flues or o	utlets on	the ro	of?							○ YES		○NO
yes, is there a r	isk from hazaı	rdous fur	nes?								○ YES		○NO
low many perso	ons require ac	cess to th	ne roof	for the d	uratio	on of this t	ask?						
						ENCY COI	NTACTS ith the work)						
lame:			Po	osition:					Conta	act:			
				ALITHOD	ICAT		ACCEPTAI	I/CE					
confirm that I have	verified the abov	e informati								afe to ca	rry out the w	ork as c	lefined abov
nd the conditions o													
ermit Acceptor:			Signa	ature:				V	alid From:	Time:		Date:	
ompany:			Perm	nit Issuer:				V	alid To:	Time:		Date:	
			<u>HA</u>	NDBACK	, REC	EIPT AND	CANCELL	ATI	<u>ON</u>				
confirm that the ac	ivity has been co	mpleted, c	hecked b	oy myself an	d the	area left secu	ure and in a sa	fe ar	nd tidy condit	ion.			
ermit Acceptor:					Signat	ure:				Time:		Date:	
	SECU	RITY						ES1	ATES & CA	APITAL	DEVELOR	MEN.	Γ
						-							
cknowledge receip charge has left the					person				the activity has ea left secure a				

		Top C	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, <mark>Bot</mark>	tom	Copy: Per	mit Aco	ceptor		
Aston Universi	ty		R	OOF	ACC	ESS	REQU	EST FO	RM		REF:	0064	ļ.	
Organisation:				Permit	t Accep	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	oe Route:			
WORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	ent	○ And	cillaı	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work	(
NB	: For any	work ty	pe other ti	han 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	right	'Permit to	work M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed indings of the especial and methal mitted to int Departr	of Health and tions 1999 (as t organisations we se record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTIONS	<u> </u>					
Are all persons r	equiring I	roof ac	cess train	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate cloth	ing and	footv	vear?						○ YES		○ NO
additional edg	je protect	tion re	quired?									○ YES		○ NO
s personal fall a	rrest equi	ipmen	t required?	?								○ YES		○ NO
s there a risk of	falling ma	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) red	quired?	,							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	;?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the I	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit				<u> </u>		Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have and the conditions c				nd ensu	red that	the n	ecessary pre	ecautions have	e bee	n taken. It is s		rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				V	alid From:	Time:		Date:	
Company:				Permit Is:	suer:				V	alid To:	Time:		Date:	
				HAND	BACK	, REC	EIPT ANI	O CANCELL	ATI	<u>ON</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	yself ar	d the	area left sec	ure and in a sa	afe ar	nd tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed th	nat the	oerson		I am satisfied		TATES & CA				
n charge has left the								permit and th						
		Time:		Date:							Time:		Date:	

			RC	OF A	CES	S REOL	JEST FOI	5 IV/1		REF:	0065		
ston Universi	ty		<u>KC</u>	OI A	CCLS	JILQC	<u>/LJIIOI</u>	VIVI		IVLI .	0003		
rganisation:				Permit Ac	ceptor:				Mobile:				
uilding:				Roof Acce	ess Point:				2nd Escar	oe Route	:		
ORK TYPE:	○ Inspection	n/Surve	/	○ Re	furbish	ment	⊜ And	illar	y Works		○ Mair	ntenar	ice
	Cleaning			⊜ Str	ipping	& Disman	tling C	Sho	ort-Duratio	n Wor	ζ		
NB	: For any work	type oth	er th	an 'Inspe	ction/Si	ırvey', a 'W	orking at He	ght	Permit to	work M	AY be requ	ired.	
as a suitable ar	nd sufficient r	isk asses	smen	nt been u	nderta	ken for thi	s task?	ΞS	OI	NO	Safety at Wo amended) re five or more	rk Regulat quire that employee	of Health and cions 1999 (as corganisations v corecord the assessments and
las a method st	atement bee	n undert	aken	for this t	ask?		OY	ΞS	01	NO	identify thos assessments must be sub	e especial and meth mitted to at Departn	ly at risk. Risk od statements Estates & Capita nent in advance
				<u>H</u>	ZARD	S AND PR	ECAUTIONS	,					
re all persons r	equiring roof	access ti	aine	d and co	mpeter	nt?					○ YES		○ NO
re the weather	conditions a	cceptable	e?								○ YES		○ NO
re all persons v	vearing appro	priate cl	othir	ng and fo	otwea	?					○ YES		○ NO
additional edg	e protection	required	?								○ YES		○ NO
personal fall a	rrest equipme	ent requi	red?								○ YES		○ NO
there a risk of	falling materi	al?									○ YES		○ NO
Personal Prote	ctive Equipm	ent (PPE) req	uired?							○ YES		○NO
re there any du	icts, flues or c	utlets or	the	roof?							○ YES		○NO
yes, is there a r	isk from haza	rdous fu	mes?	,							○ YES		○NO
low many perso	ons require a	ccess to 1	he ro	oof for th	e durat	ion of this	task?						
				(P		GENCY CO	ONTACTS with the work)						
lame:				Position	n:				Conta	act:			
				AUTH	ORISA	TION AND	O ACCEPTAN	ICE					
confirm that I have											rry out the w	ork as c	lefined abov
nd the conditions of	or this authorisati	on form na		Г	ed to all v	vorkers invo	ived. i accept re	Т	alid From:	Time:		Date:	
Company:				ignature: ermit Issue	r·				alid To:	Time:		Date:	
puii)i								L					
onfirm that the ac	tivity has been co	ompleted,					D CANCELL cure and in a sa			ion.			
ermit Acceptor:					Sign	ature:				Time:		Date:	
•		IDITY						EST	ATES & CA	PITAL	DEVELOR	MEN.	r
·	SEC	<u>JKITY</u>										IVILIA	<u>.</u>
cknowledge recei charge has left the	pt of this permit	having bee				on	I am satisfied permit and th	hat	the activity h	as been	completed in	accord	ance with t

		Top C	opy : Per	mit Issu	uer, <mark>Mid</mark>	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ity		<u>R</u>	OOF	ACCI	<u>ESS</u>	REQU	EST FOR	<u>RM</u>		REF:	0066)	
Organisation:				Perm	nit Accepto	or:				Mobile:				
Building:				Roof	Access Po	oint:				2nd Escar	oe Route:			
WORK TYPE:	○ Inspe	ection/	'Survey	С) Refurb	ishm	nent	○ Anc	illary	Works		○ Mair	ntenar	nce
	○ Clear	ning		C) Strippi	ng &	Dismant	ing 🔿	Sho	rt-Duratio	n Work	(
NB	3: For any	work ty	pe other	than 'In	spection	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	vork M	AY be requ	ired.	
las a suitable ar las a method st							en for this	task? YE		01		Safety at Wo amended) re five or more significant fii identify thos assessments must be subi	rk Regular equire that employee ndings of e especial and meth mitted to at Departn	of Health and tions 1999 (as t organisations wiss record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
					HAZAI	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess trair	ned and	d compe	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	wearing a	pprop	riate clotl	ning an	d footw	ear?						○ YES		○ NO
additional edg	ge protect	tion re	quired?									○ YES		○ NO
personal fall a	rrest equi	ipmen	t required	l?								○ YES		○ NO
s there a risk of	falling ma	aterial	?									○ YES		○ NO
s Personal Prote	ective Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	ucts, flues	or out	lets on th	ne roof?	?							YES		○ NO
f yes, is there a i	risk from l	hazard	lous fume	es?								YES		○ NO
How many pers					or the du	ıratic	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posi	ition:					Conta	act:			
				AL	JTHORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have												rry out the w	ork as c	defined above
Permit Acceptor:				Signatu	re:				Va	lid From:	Time:		Date:	
Company:				Permit I	ssuer:				Va	lid To:	Time:		Date:	
				HAND	DBACK,	REC	EIPT AND	CANCELLA	ATIC	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, che	cked by r	myself and	d the a	area left sec	ure and in a saf	e anc	l tidy condit	ion.			
					S	Signati	ure:				Time:		Date:	
Permit Acceptor:														
		SECUR		oforms s -l :	that the	Orc =						DEVELOP		
Permit Acceptor: acknowledge receincharge has left the	pt of this pe	ermit hav	ving been ir			erson		I am satisfied t permit and the	hat th	ne activity ha	as been c	ompleted in	accord	ance with th

ston Universi	ty		R	<u>00F</u>	ACC	<u>ESS</u>	REQU	IEST I	OR	<u>M</u>		REF:	0067	7	
Organisation:				Permit	t Accept	or:					Mobile:				
uilding:				Roof A	Access P	oint:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspect	ion/S	Survey	0	Refurk	oishm	nent	С	Ancil	lary W	/orks		○ Mai	ntenar	nce
	○ Cleanin	ng		0	Stripp	ing &	ι Dismant	ling	09	hort-	Duratio	n Worl	k		
NB	: For any wo	ork typ	oe other t	han 'Ins	pectio	n/Sur	vey', a 'W	orking a	ıt Heig	ht' Pe	rmit to v	vork M	AY be requ	uired.	
las a suitable ar las a method st							en for thi		○ YES		01		Safety at Wo amended) r five or more significant f identify tho assessment must be sul	ork Regula equire that employee indings of se especia s and meth omitted to nt Departr	of Health and tions 1999 (as t organisations v es record the assessments and lly at risk. Risk nod statements Estates & Capita nent in advance
					HAZA	RDS	AND PRI	ECAUTI	<u>ONS</u>						
re all persons r	equiring ro	of acc	ess train	ed and	comp	etent	:?						○ YES		○ NO
re the weather	conditions	acce	ptable?										○ YES		○ NO
re all persons v	earing app	ropri	ate cloth	ing and	footv	vear?							○ YES		○ NO
additional edg	e protectio	n req	uired?										○ YES		○ NO
personal fall a	rest equipr	nent	required	?									○ YES		○ NO
there a risk of	falling mate	erial?											○ YES		○ NO
Personal Prote	ctive Equip	men	t (PPE) re	quired?)								○ YES		○ NO
re there any du	cts, flues or	r outl	ets on th	e roof?									○ YES		○ NO
yes, is there a r	isk from ha	zardo	ous fume	s?									○ YES		○ NO
low many pers	ons require	acce	ss to the	roof for	the d	uratio	on of this	task?							
							ENCY CO								
Name:				Posit	Г						Conta	nct:			
					TUOD	IC A T	ION AND	ACCE	T A B I 4						
confirm that I have	varified the ab	anio in	formation				ION AND				ron It is s	afa ta sa	rm, out the v	10 Kl 2 C 6	lafinad abou
nd the conditions o													iry out the v	OIK as C	ienned abov
ermit Acceptor:				Signature	e:					Valid	From:	Time:		Date:	
Company:				Permit Is:	suer:					Valid	То:	Time:		Date:	
				HAND	BACK	, REC	EIPT AN	D CANC	ELLA	TION					
confirm that the ac	tivity has been	comp	leted, chec	ked by m	yself an	d the	area left sed	cure and i	n a safe	and ti	dy condit	ion.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SE	CURI	<u>TY</u>						<u>E</u> :	STAT	ES & CA	PITAL	. DEVELO	PMEN	T
acknowledge recei charge has left the						oerson							completed ir safe and tidy		

		Top C	opy:Peri	nit Issu	er, <mark>Mid</mark>	ldle (Copy:Se	curity, Bott	om (Copy : Per	mit Ac	ceptor		
Aston Universi	ty		R	00F	ACCE	<u>SS</u>	REQU	EST FOF	<u>RM</u>		REF:	0068	3	
Organisation:				Permit	t Accepto	or:				Mobile:				
Building:				Roof A	Access Po	oint:				2nd Esca	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey		Refurbi	ishm	ent	○ Anc	illar	y Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippii	ng &	Dismant	ing (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	pection	/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task? YI		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance of
					HAZAF	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	tent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ing and	l footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equ	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired?								○ YES		○ NO
Are there any du	cts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a i	isk from	hazard	ous fume	5?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof for	the du	ıratic	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	ion:					Conta	act:			
				AU'	THORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				Va	lid From:	Time:		Date:	
Company:				Permit Iss	suer:				Va	lid To:	Time:		Date:	
				HAND	BACK,	REC	EIPT AND	CANCELL	ATIC	<u>ON</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	yself and	the a	area left sec	ure and in a sa	fe an	d tidy condit	ion.			
Permit Acceptor:					S	ignati	ure:				Time:		Date:	
acknowledge resei		SECUR		formed +b	nat tho n	orcon		I am satisfied t		ATES & CA				
acknowledge recein on charge has left the						erson		permit and the						
													_	

			D	205	N C C	ECC	DEAL	IECT		N /2		0	0000		
ston Universi	ty		R	JOF /	ACC	<u> </u>	REQU	JES I	<u>FOR</u>	<u>IVI</u>		REF:	0069		
organisation:				Permit	Accept	or:					Mobile:				
uilding:				Roof A	ccess P	oint:					2nd Escap	e Route			
ORK TYPE:	○ Inspecti	ion/Su	ırvey	○ F	Refurb	ishm	nent) Ancil	lary \	Vorks		○ Mair	ntenar	nce
	○ Cleanin	g		09	Stripp	ing &	Dismant	tling	09	Short	-Duratio	n Worl	(
NB	For any wo	rk type	other ti	nan 'Ins _i	pectio	n/Sur	vey', a 'W	orking o	at Heig	ht' Pe	ermit to v	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for thi	s task?	○ YE		10		Safety at Wo amended) ro five or more significant fi identify thos assessments	ork Regular equire that employee ndings of se especial and meth	of Health and tions 1999 (as torganisations v tes record the assessments and ly at risk. Risk tood statements
								,						nt Departn	Estates & Capita nent in advance
				Ī	HAZA	RDS	AND PRI	ECAUT	IONS						
re all persons r	equiring roc	f acce	ss traine	ed and o	comp	etent	?						○ YES		○NO
re the weather													○ YES		○ NO
re all persons v	vearing app	ropria	te cloth	ng and	footv	/ear?							○ YES		○ NO
additional edg	je protectioi	า requ	ired?										○ YES		○NO
personal fall a	rrest equipn	nent re	equired?)									○ YES		○NO
there a risk of	falling mate	rial?											○ YES		○NO
Personal Prote	ective Equip	ment ((PPE) red	quired?									○ YES		○NO
re there any du	ıcts, flues or	outlet	ts on the	e roof?									○ YES		○ NO
yes, is there a r	risk from haz	zardou	ıs fumes	?									○ YES		○NO
low many pers	ons require	access	to the i	oof for	the d	uratio	on of this	task?							
							ENCY CO								
				D iti		THOCK	- Connected	vvicir circ v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	. F			
lame:				Positi	on: [Conta	ict:			
				AU	THOR	ISAT	ION AND	ACCE	PTAN	<u>CE</u>					
confirm that I have													rry out the w	ork as c	lefined abov
ermit Acceptor:				Signature	e:					Valid	d From:	Time:		Date:	
Company:				Permit Iss	suer:					Valid	d To:	Time:		Date:	
				HANDI	BACK	, RFC	EIPT AN	D CAN	CELL A	TION					
confirm that the act	tivity has been	comple										on.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
		CURIT											DEVELO		
	nt of this normi	t havin	a been inf	ormed th	at the r	person	d	I am sat	isfied th	at the	activity ha	s been o	ompleted in	accord	ance with th
cknowledge receip charge has left the													safe and tidy		

		Top C	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, Bot	tom	Copy: Per	rmit Ac	ceptor		
Aston Universi	ty		<u>R</u> (OOF	<u>ACC</u>	<u>ESS</u>	REQU	EST FO	RM		REF:	0070)	
Organisation:				Permit	t Accep	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	pe Route:	:		
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	nent	○ And	cillar	y Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work	(
NB	: For any	work ty	pe other ti	nan 'Ins	pectio	n/Sur	vey', a 'We	orking at He	ight	'Permit to	work M	AY be requ	iired.	
las a suitable ar las a method st							en for this	s task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations w' se record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
					HAZA	RDS	AND PRE	CAUTIONS	5					
Are all persons r	equiring i	roof ac	cess train	ed and	comp	etent	:?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate cloth	ng and	l footv	vear?						○ YES		○ NO
additional edg	je protect	tion re	quired?									○ YES		○ NO
personal fall a	rrest equi	pmen	required	•								○ YES		○ NO
s there a risk of	falling ma	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many perso	ons requi	re acce	ess to the I	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit						Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have				ınd ensu	red that	the n	ecessary pre	ecautions have	e bee	n taken. It is s		rry out the w	ork as o	defined above
Permit Acceptor:	or this autho	orisation		Signature		all wo	orkers involv	/ed. raccept re	<u>.</u>	alid From:	Time:		Date:	
Company:				Permit Is:						alid To:	Time:		Date	
									L]	
confirm that the ac	tivity has be	een com	pleted, chec					ure and in a sa			ion.			
Permit Acceptor:						Signat	ure:				Time:		Date	
		SECUR								ATES & CA				
acknowledge receip n charge has left the						oerson		I am satisfied permit and th						
		Time:		Date:							Time:] Date:	

		орС	opy:Pe	rmit is	ssuer, MI	aaie	Copy : 56	curity, <mark>Bot</mark>	ton		mit Ac	ceptor <u></u>		
aston Universi	ty		F	<u> </u>	F ACC	<u>ESS</u>	REQU	EST FO	R۸	1	REF:	0071		
Organisation:				Per	mit Accep	tor:				Mobile:				
uilding:				Roc	of Access P	oint:				2nd Escar	oe Route	::		
ORK TYPE:	○ Inspec	tion/	Survey	(○ Refurl	oishm	nent	○ An	cilla	ary Works		○ Mair	ntenar	nce
	Cleani	ng		(○ Stripp	ing &	Dismant	ling () Sł	nort-Duratio	n Wor	k		
NB	For any w	ork ty	pe other	than 'l	Inspectio	n/Sur	vey', a 'Wo	orking at He	eigh	t' Permit to v	vork M	I AY be requ	iired.	
las a suitable ar las a method st							en for this	s task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regular equire that employee ndings of se especial and meth mitted to nt Departn	of Health and citions 1999 (as corganisations we se record the assessments and ly at risk. Risk tood statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTION	<u>S</u>					
re all persons r	equiring ro	of ac	cess trai	ned ar	nd comp	etent	:?					○ YES		○ NO
re the weather	conditions	s acce	ptable?									○ YES		○ NO
re all persons v	vearing ap	propr	iate clot	hing a	ınd footv	vear?						○ YES		○ NO
additional edg	ge protection	on re	quired?									○ YES		○NO
personal fall a	rrest equip	ment	require	d?								○ YES		○NO
there a risk of	falling mat	erial?	1									○ YES		○ NO
Personal Prote	ctive Equip	pmer	it (PPE) r	equire	ed?							○ YES		○ NO
re there any du	ıcts, flues o	r out	lets on t	ne roo	of?							○ YES		○ NO
yes, is there a r	risk from ha	azard	ous fum	es?								○ YES		○ NO
low many pers	ons require	e acce	ess to the	e roof f	for the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Po	sition:					Conta	act:			
				P	AUTHOR	ISAT	ION AND	ACCEPTA	NC	<u> </u>				
confirm that I have												rry out the w	ork as c	lefined abov
nd the conditions o	or this authori	sation	Torm nave			all wo	orkers involv	/ed. raccept r					11_	
Permit Acceptor:				Signat	ture:					/alid From:	Time:		Date:	
Company:				Permi	t Issuer:				[/alid To:	Time:		Date:	
				HAN	NDBACK	, REC	EIPT ANI	O CANCELI	_AT	<u>ION</u>				
confirm that the ac	tivity has bee	n com	pleted, che	cked by	y myself ar	nd the	area left sec	ure and in a s	afe a	and tidy condit	ion.			
ermit Acceptor:						Signat	ure:				Time:		Date:	
	SE	ECUR	ITY						ES	TATES & CA	PITAL	DEVELOR	PMEN'	T
	<u></u>													
acknowledge recei charge has left the						person				t the activity hare rea left secure a				

				00=			DEC			B 6			6675		
ston Universi	ty		RO	OOF I	ACC!	<u>ESS</u>	REQU	<u>IEST I</u>	OR.	<u>M</u>		REF:	0072	2	
rganisation:				Permit	Accept	or:					Mobile:				
uilding:				Roof A	ccess P	oint:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspecti	ion/Su	ırvey	\bigcirc I	Refurb	ishm	ent	С	Ancil	lary \	Vorks		○ Maiı	ntenar	nce
	Cleanin	g		0	Strippi	ng &	Dismant	ling	09	Short	-Duratio	n Worl	(
NB	For any wo	rk typ	e other tl	han 'Ins _i	pectio	n/Sur	vey', a 'W	orking a	t Heig	ht' Pe	ermit to v	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this		○ YE:		10		Safety at Wo amended) re five or more significant fi identify tho assessments must be sub	ork Regular equire that employee Indings of se especial and meth emitted to	of Health and tions 1999 (as t organisations versecord the assessments anily at risk. Risk nod statements Estates & Capitanent in advance
				<u> </u>	HAZA	RDS	AND PRE	CAUTI	<u>ONS</u>				works comn		
are all persons r	equiring roc	of acce	ess traine	ed and	compe	etent	?						○ YES		○ NO
re the weather													YES		○ NO
re all persons v	vearing app	ropria	ite cloth	ing and	footw	/ear?							○ YES		○ NO
additional edg	ge protection	า requ	uired?										○ YES		○ NO
personal fall a	rrest equipn	nent r	equired:	?									○ YES		○ NO
there a risk of	falling mate	rial?											○ YES		○ NO
Personal Prote	ctive Equip	ment	(PPE) red	quired?									○ YES		○ NO
re there any du	ıcts, flues or	outle	ts on the	e roof?									○ YES		○ NO
yes, is there a r	risk from haz	zardou	us fumes	;?									○ YES		○ NO
low many pers	ons require	acces	s to the I	oof for	the d	uratio	on of this	task?							
							ENCY CO								
Name:				Positi							Conta	nct:			
				ΔII	THOR	ΙςΔΤ	ION AND	ACCE	ΤΔΝ	CE					
confirm that I have	verified the ab	ove info	ormation a								ıken. It is s	afe to ca	rry out the w	ork as c	defined abov
nd the conditions o	of this authorisa	ition fo	rm have b	een expla	ained to	all wo	orkers invol	ved. I acce	ept resp	onsib	ility for thi	s work.			
ermit Acceptor:				Signature	e:					Valid	d From:	Time:		Date:	
Company:				Permit Iss	suer:					Valid	d To:	Time:		Date:	
				HAND	BACK,	REC	EIPT AN	D CANC	ELLA	TION	<u>l</u>				
confirm that the ac	tivity has been	comple	eted, chec	ked by m	yself an	d the	area left sec	ure and i	n a safe	and t	idy condit	ion.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SEC	CURIT	<u>Y</u>						<u>E</u>	STAT	ES & CA	PITAL	DEVELO	PMEN [®]	<u>T</u>
			1 - 1			orcon	7	I am cati	fied th	at the	a ctivity de	s heen	ompleted in	accord	anco with th
cknowledge recei charge has left the						erson							safe and tidy		

		Top C	Copy: Pei	mit Iss	uer, <mark>Mi</mark>	ddle	Copy:Se	curity, <mark>Bott</mark>	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		R	OOF	ACC	ESS	REQU	EST FOF	<u>RM</u>		REF:	0073	,	
Organisation:				Perm	nit Accept	or:				Mobile:				
Building:				Roof	Access P	oint:				2nd Escar	oe Route:	:		
VORK TYPE:	○ Inspe	ection/	/Survey	C) Refurb	oishm	nent	○ Anc	illary	/ Works		○ Mair	itenar	nce
	○ Clear	ning		C) Stripp	ing &	Dismant	ling (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	ype other	than 'In	spectio	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	vork M	AY be requ	ired.	
las a suitable ar las a method st							en for this	task? YI		OI		Safety at Wo amended) re five or more significant fii identify thos assessments must be sub	rk Regulat quire that employee ndings of e especial and meth mitted to t Departn	of Health and tions 1999 (as corganisations wi so record the assessments and ly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZA	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess trair	ned and	d comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate clotl	ning an	d footw	vear?						○ YES		○ NO
additional edg	ge protect	tion re	quired?									○ YES		○ NO
personal fall a	rrest equi	ipmen	t required	1 ?								○ YES		○ NO
s there a risk of	falling ma	aterial	?									○ YES		○ NO
s Personal Prote	ective Equ	ıipmer	nt (PPE) re	equired	l?							○ YES		○ NO
Are there any du	ıcts, flues	or out	tlets on th	ne roof?	?							○ YES		○ NO
f yes, is there a ı	risk from l	hazard	lous fume	es?								○ YES		○ NO
How many pers	ons requi	re acc	ess to the	roof fo	or the di	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posi	ition:			<u> </u>		Conta	act:			
				Al	UTHOR	ISAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												rry out the w	ork as c	lefined above
Permit Acceptor:				Signatu	ıre:				Va	lid From:	Time:		Date:	
Company:				Permit I	lssuer:				Va	lid To:	Time:		Date:	
				HANI	DBACK,	, REC	EIPT AND	O CANCELL	ATIC	<u>ON</u>				
confirm that the ac	tivity has be	een com	pleted, che	cked by I	myself an	d the	area left sec	ure and in a sa	fe and	d tidy condit	ion.			
						Signat	ure:				Time:		Date:	
Permit Acceptor:					<u> </u>									<u> </u>
		SECUR		oform: '		2022						DEVELOR		
Permit Acceptor: acknowledge recein n charge has left the	pt of this pe	ermit ha	ving been i		that the p	oerson		I am satisfied t permit and the	hat tl	ne activity ha	as been c	ompleted in	accord	ance with th

		Top C	opy:Per	mit Issu	uer, <mark>Mid</mark>	dle (Copy:Se	curity, Bott	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u>	<u>00F</u>	ACCE	<u>SS</u>	REQU	EST FOR	<u>RM</u>		REF:	0074	ļ	
Organisation:				Perm	it Accepto	or:				Mobile:				
Building:				Roof	Access Po	int:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	C	Refurbi	shm	ent	○ Anc	illary	Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippii	ng &	Dismant	ling (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'In:	spection	/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M	AY be requ	iired.	
las a suitable ar las a method st						rtake	n for this	task? YE		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi se record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZAF	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	tent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
personal fall a	rest equ	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	,									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	icts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a ı	isk from	hazard	ous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ratio	n of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posi	tion:					Conta	act:			
				AU	JTHORI	SATI	ON AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	re:				Va	id From:	Time:		Date	
Company:				Permit Is	ssuer:				Va	lid To:	Time:		Date:	
				HAND	BACK,	REC	EIPT AND	CANCELL	ATIC	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by n	nyself and	l the a	irea left sec	ure and in a saf	e and	l tidy condit	ion.			
Permit Acceptor:					Si	ignatı	ure:				Time:		Date:	
a almanda da		SECUR		fam. 1:	ala a a a a a a							DEVELOR		
acknowledge recein on charge has left the						erson		I am satisfied t permit and the						
Tenarge has left th				idy corid	iition.			permit and the	. arca	Tere secure (are arra tray	Conditi	011.

		Top C	Copy: Per	mit Issu	uer, <mark>Mid</mark>	dle C	opy: Se	curity, Bott	om C	Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u>	OOF	ACCE	SS	REQU	EST FOR	<u>RM</u>		REF:	0075	5	
Organisation:				Perm	it Accepto	or:				Mobile:				
Building:				Roof	Access Po	int:				2nd Escap	e Route:			
WORK TYPE:	○ Inspe	ection/	'Survey	С	ì Refurbi	shme	ent	○ Anci	illary	Works		○ Mair	ntenar	nce
	○ Clear	ning		С) Strippir	ng & [Dismantl	ing 🔿	Shoi	rt-Duratio	n Work	(
NB	For any	work ty	pe other	than 'In:	spection	/Surv	ey', a 'Wo	orking at Hei	ght' l	Permit to v	vork M .	AY be requ	ired.	
las a suitable ar las a method st						taker	n for this	task? YE		10		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	rk Regulated require that employee andings of e especial and method to be to be a to be partners.	of Health and tions 1999 (as torganisations wi to record the assessments and ly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZAF	RDS A	ND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	l compe	tent?						○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ning an	d footwe	ear?						○ YES		○ NO
additional edg	ge protect	tion re	quired?									○ YES		○ NO
personal fall a	rrest equi	ipmen	t required	l?								○ YES		○ NO
s there a risk of	falling ma	aterial	?									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on th	e roof?)							○ YES		○ NO
f yes, is there a i	risk from l	hazard	lous fume	s?								○ YES		∩ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ratior	n of this	task?						
								NTACTS vith the work)						
Name:				Posi	tion:			<u> </u>		Conta	nct:			
				AL	JTHORI!	SATIO	ON AND	ACCEPTAN	ICE					
confirm that I have				and ensu	ured that t	he nec	cessary pre	cautions have	been			rry out the w	ork as c	lefined above
Permit Acceptor:				Signatu	re:				Val	id From:	Time:		Date:	
Company:				Permit Is	ssuer:				Val	id To:	Time:		Date:	
				HAND	DBACK,	RECE	IPT AND	CANCELLA	ATIO	<u>N</u>			1	
confirm that the ac	tivity has be	een com	pleted, che								ion.			
Permit Acceptor:					Si	gnatu	re:				Time:		Date:	
									ESTA	TES & CA	ΡΙΤΔΙ	DEVELOR	MACAL	T
		SECUR		ا ا	th at the									
acknowledge recein charge has left the	pt of this pe	ermit hav	ving been ir			erson		I am satisfied t permit and the	hat th	e activity ha	s been c	ompleted in	accord	ance with th

		ТорС	opy:Per	mit Issu	uer, <mark>Mid</mark>	dle Cop	y : Secu	ırity, <mark>Botto</mark>	om Co	py: Per	mit Aco	ceptor		
Aston Universi	ity		<u>R</u>	<u>OOF</u>	ACCE	SS RE	QUE	ST FOR	<u>M</u>		REF:	0076	5	
Organisation:				Perm	it Accepto	r:				Mobile:				
Building:				Roof	Access Po	nt:				2nd Escap	e Route:			
WORK TYPE:	○ Inspe	ection/	Survey		Refurbi	shment		○ Anci	llary \	Norks		○ Mair	ntenar	nce
	○ Clear	ning		C	Strippir	ng & Dis	mantlin	g O	Short	-Duratio	n Work	(
NB	3: For any	work ty	pe other t	than 'In:	spection	/Survey',	, a 'Worl	king at Hei	ght' P	ermit to v	vork M	AY be requ	iired.	
las a suitable ar las a method st						taken fo	or this ta	ask? YE		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	rk Regular equire that employee ndings of the especial and meth mitted to at Departn	of Health and tions 1999 (as t organisations wiss record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
					HAZAF	DS ANI	O PREC	AUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	l compe	tent?						○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	wearing a	pprop	riate cloth	ning and	d footwe	ear?						○ YES		○ NO
additional edg	ge protect	tion re	quired?									○ YES		○ NO
personal fall a	rrest equi	ipmen	t required	!?								○ YES		○ NO
s there a risk of	falling ma	aterial)									○ YES		○ NO
s Personal Prote	ective Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	ucts, flues	or out	lets on th	e roof?	ı							○ YES		○ NO
f yes, is there a i	risk from l	hazard	ous fume	s?								○ YES		∩ NO
How many pers	ons requi	re acc	ess to the	roof fo	r the du	ration o	f this ta	sk?						
						RGENC		TACTS h the work)						
Name:				Posi	tion:					Conta	nct:			
				AU	JTHORI!	SATION	AND A	CCEPTAN	CE					
confirm that I have and the conditions o				and ensu	ured that t	he necess	ary preca	utions have l	been ta			rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	re:				Valid	d From:	Time:		Date:	
Company:				Permit Is	ssuer:				Valid	d To:	Time:		Date:	
				HAND	DBACK,	RECEIP'	T AND	CANCELLA	TIOI	<u>1</u>			1	
confirm that the ac	tivity has be	een com	pleted, che								ion.			
					Si	gnature:					Time:		Date:	
Permit Acceptor:													<u>'</u>	
		SECUR		forms of t		WCO.						DEVELOR		
Permit Acceptor: acknowledge receincharge has left the	pt of this pe	ermit hav	/ing been in			erson		m satisfied the	hat the	activity ha	s been c	ompleted in	accord	ance with th

ston Universi	ty			ROC	OF ACC	<u>CESS</u>	REQU	JEST I	<u>FOR</u>	<u>M</u>		REF:	0077	,	
rganisation:				Pe	ermit Acce	ptor:					Mobile:				
uilding:				Ro	oof Access	Point:					2nd Escap	e Route			
ORK TYPE:	○ Inspec	tion/	Survey		○ Refu	rbishm	ent	С) Ancil	lary	Works		○ Mair	ntenar	nce
	○ Cleani	ing			Strip	ping &	Disman	tling	05	Shor	t-Duratio	n Worl	(
NB	: For any w	ork ty	pe othe	than	'Inspecti	on/Sur	vey', a 'W	orking o	ıt Heig	jht' F	ermit to v	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for thi		○ YE		10		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regular equire that employee ndings of se especial and meth mitted to	of Health and tions 1999 (as t organisations ves record the assessments an lly at risk. Risk nod statements Estates & Capita
					HAZ	ARDS	AND PR	ECAUTI	ONS				works comm		nent in advance
re all persons r	equiring ro	oof ac	cess tra	ned a									○ YES		○ NO
re the weather						-	•						YES		ONO
re all persons v			-		and foot	wear?							○ YES		ONO
additional edg													YES		O NO
personal fall a	•		-	d?									○ YES		O NO
there a risk of													YES		O NO
Personal Prote				equir	red?								YES		O NO
re there any du	ıcts, flues c	or out	lets on t	he ro	of?								○ YES		○ NO
yes, is there a i	risk from ha	azard	ous fum	es?									○ YES		○ NO
low many pers	ons require	e acce	ess to th	e roof	f for the	duratio	on of this	task?							
							ENCY CO								
lame:] P	osition:			with the v			Conta	ıct:			
				<u> </u>											
confirm that I have	verified the	hovo i	nformatio				ION AND				akon Itis s	ofo to co	rm, out thou	orle ac c	lafinad abay
confirm that I have nd the conditions o													rry out the w	OIK as C	ienned abov
ermit Acceptor:				Sign	ature:					Vali	d From:	Time:		Date:	
ompany:				Perm	nit Issuer:					Vali	d To:	Time:		Date:	
				HA	NDBAC	K, REC	EIPT AN	D CANO	ELLA	TIO	N				
confirm that the ac	tivity has bee	n com	pleted, ch	ecked l	by myself a	and the	area left se	cure and i	n a safe	and	tidy condit	on.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SI	ECUR	ITY						<u>E</u>	STA	TES & CA	PITAL	DEVELOR	MEN	<u>T</u>
cknowledge recei charge has left the						e person							completed in safe and tidy		

		Top C	opy:Peri	nit Issu	er, <mark>Mi</mark> d	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Aco	ceptor		
Aston Universi	ty		R	OOF	ACCI	ESS	REQU	EST FOR	<u>RM</u>		REF:	0078	}	
Organisation:				Permit	t Accepto	or:				Mobile:				
Building:				Roof A	Access Po	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurb	ishm	ent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clea	ning			Strippi	ng &	Dismant	ing (Sho	rt-Duratio	n Work			
NB	: For any	work ty	pe other t	han 'Ins	pection	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M	AY be requ	ired.	
las a suitable ar las a method st							en for this	task? YE		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	rk Regula equire tha employed ndings of e especia and metl mitted to at Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZAI	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	tent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	ppropi	riate cloth	ing and	l footw	ear?						○ YES		○ NO
s additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equ	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired?	1							○ YES		○ NO
Are there any du	cts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a r	isk from	hazard	ous fume:	5?								○ YES		○ NO
How many pers	ons requi	ire acce	ess to the	roof for	the du	ıratio	on of this	task?			l			
							ENCY CO	NTACTS vith the work)						
Name:				Posit	ion:					Conta	act:			
				AU	THORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions c												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				Va	lid From:	Time:		Date:	
Company:				Permit Is:	suer:				Va	lid To:	Time:		Date:	
				HAND	ВАСК,	REC	EIPT AND	CANCELLA	ATIC	<u>N</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	yself and	d the a	area left sec	ure and in a saf	e and	d tidy condit	ion.			
Permit Acceptor:					S	ignat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed th	nat the n	erson		I am satisfied t				DEVELOR ompleted in		
n charge has left the						5011		permit and the						
							-						_	

		Top C	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, <mark>Bo</mark> t	ton	Copy: Pe	rmit Ac	ceptor		
Aston Universi	ty		<u>R(</u>	OOF A	<u>ACC</u>	<u>ESS</u>	REQU	EST FO	RN	1	REF:	0079)	
Organisation:				Permit	t Accept	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey		Refurk	oishm	nent	○ Ar	cilla	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		0:	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work	(
NB	: For any	work ty	pe other tl	nan 'Ins	pectio	n/Sur	vey', a 'Wo	orking at H	eigh	t' Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this		YES	01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZA	RDS	AND PRE	CAUTION	<u>S</u>					
Are all persons r	equiring	roof ac	cess traine	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate clothi	ng and	l footv	vear?						○ YES		○ NO
s additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	ipmen	t required?	,								○ YES		○ NO
s there a risk of	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many perso	ons requi	re acce	ess to the i	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)					
Name:				Posit	ion:					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTA	NCI					
confirm that I have and the conditions c												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				V	alid From:	Time:		Date:	
Company:				Permit Is:	suer:				V	alid To:	Time:		Date:	
				HAND	BACK	, REC	EIPT ANI	O CANCEL	LAT	ION				
confirm that the ac	tivity has be	een com	pleted, checl	ked by m	yself an	d the	area left sec	ure and in a	afe a	nd tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
		SECUR								TATES & CA				
acknowledge receip n charge has left the						oerson				the activity h				
		Time:		Date:							Time:] Date:	

		Тор С	Copy: Per	mit Iss	uer, <mark>Mi</mark>	ddle	Copy:Se	curity, Bott	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ity		R	OOF	ACC	ESS	REQU	EST FOR	<u>RM</u>		REF:	0800)	
Organisation:				Perm	nit Accept	or:				Mobile:				
Building:				Roof	f Access Po	oint:				2nd Escar	e Route	:		
VORK TYPE:	○ Inspe	ection/	'Survey		Refurb	ishm	nent	○ Anci	illary	Works		○ Mair	ntenar	nce
	○ Clear	ning			Strippi	ing &	Dismantl	ing 🔿	Sho	rt-Duratio	n Worl	(
NB	3: For any	work ty	pe other	than 'In	nspection	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task? YE		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
					HAZA	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring ı	roof ac	cess trair	ned and	d compe	etent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	wearing a	pprop	riate clotl	ning an	nd footw	/ear?						○ YES		○ NO
additional edg	ge protect	ion re	quired?									○ YES		○ NO
personal fall a	rrest equi	pmen	t required	ł?								○ YES		○ NO
s there a risk of	falling ma	terial	?									○ YES		○ NO
s Personal Prote	ective Equ	ipmer	nt (PPE) re	quired	d?							○ YES		○ NO
Are there any du	ucts, flues	or out	lets on th	ne roof	?							○ YES		○ NO
f yes, is there a i	risk from l	nazard	lous fume	es?								○ YES		○ NO
How many pers					or the du	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Pos	sition:			<u> </u>		Conta	nct:			
				A	UTHOR	ISAT	ION AND	ACCEPTAN	ICE					
confirm that I have and the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signatu	ure:				Val	lid From:	Time:		Date:	
Company:				Permit	Issuer:				Val	lid To:	Time:		Date:	
				HANI	DBACK,	REC	EIPT AND	CANCELLA	ATIC	<u>N</u>				
	tivity has be	en com	pleted, che	cked by	myself an	d the a	area left sec	ure and in a saf	e and	l tidy condit	ion.			
confirm that the ac							uro.				Time:			
confirm that the ac						Signat	ure.				L		Date:	
Permit Acceptor:	<u> </u>	SECUR		oform - 1		J					PITAL	DEVELO	PMEN	T T
	pt of this pe	rmit hav	ving been ir		that the p	J		I am satisfied t permit and the	hat th	ne activity ha	APITAL as been o	completed in	PMEN accord	T ance with th

		Top C	opy:Perr	nit Issuer, I	Middle	Copy : Se	curity, <mark>Bott</mark>	om C	opy: Per	mit Aco	ceptor	
Aston Universi	ty		R	OOF AC	CESS	REQU	EST FOF	<u>RM</u>		REF:	0081	
Organisation:				Permit Acc	ceptor:				Mobile:			
Building:				Roof Acces	ss Point:				2nd Escar	oe Route:		
WORK TYPE:	○ Inspe	ection/	Survey	○ Ref	urbishm	nent	○ Anc	illary	Works		○ Maint	enance
	○ Clear	ning		○ Stri	pping &	Dismant	ling (Shor	t-Duratio	n Work		
NB	For any	work ty	pe other ti	han 'Inspec	tion/Sur	vey', a 'W	orking at Hei	ight' l	Permit to 1	work M	AY be requii	red.
Has a suitable ar Has a method st						en for this	s task?		01		Safety at Work amended) requ five or more en significant find identify those of assessments ar must be submi	nement of Health and Regulations 1999 (as jire that organisations we nployees record the ings of assessments and especially at risk. Risk and method statements tted to Estates & Capital Department in advance icing.
				<u>HA</u>	ZARDS	AND PRE	CAUTIONS	,				
Are all persons re	equiring I	roof ac	cess train	ed and con	npetent	?					○ YES	○ NO
Are the weather	conditio	ns acce	eptable?								○ YES	ONO
Are all persons v	vearing a	ppropi	riate cloth	ing and foo	otwear?						○ YES	\bigcirc NO
Is additional edg	ge protect	tion re	quired?								○ YES	\bigcirc NO
Is personal fall a	rrest equi	pment	required	?							○ YES	○ NO
Is there a risk of	falling ma	aterial?	,								○ YES	○ NO
Is Personal Prote	ective Equ	iipmer	nt (PPE) red	quired?							○ YES	○NO
Are there any du	ıcts, flues	or out	lets on the	e roof?							○ YES	○NO
If yes, is there a r	risk from l	nazard	ous fumes	;?							○ YES	○ NO
How many perso	ons requi	re acce	ess to the	oof for the	duratio	on of this	task?					
						ENCY CO	NTACTS vith the work)					
Name:				Position					Conta	act:		
I confirm that I have and the conditions c				and ensured t	hat the ne	ecessary pre		been			ry out the wo	rk as defined abov
Permit Acceptor:				Signature:				Val	id From:	Time:		Date:
Company:				Permit Issuer	:			Val	id To:	Time:		Date:
				HANDBA	CK, REC	EIPT ANI	O CANCELL	ATIO	<u>N</u>			
I confirm that the act	tivity has be	en com	pleted, chec	ked by mysel	f and the a	area left sec	ure and in a sa	fe and	tidy condit	ion.		
Permit Acceptor:					Signati	ure:				Time:		Date:
		SECUR									DEVELOP	
l acknowledge receip in charge has left the							I am satisfied t permit and the					ccordance with th ondition.
		Time:		Date:						Time:		Date:

		Top C	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, <mark>Bot</mark>	tom	Copy:Pe	rmit Ac	ceptor		
Aston Universi	ty		<u>R(</u>	OOF A	<u>ACC</u>	ESS	REQU	EST FO	RN	<u> </u>	REF:	0082	2	
Organisation:				Permit	t Accept	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	nent	○ An	cilla	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work			
NB	: For any	work ty	pe other tl	nan 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	eigh	t' Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed indings of the especial and methal mitted to int Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTION	<u>S</u>					
Are all persons r	equiring	roof ac	cess traine	ed and	comp	etent	:?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate clothi	ng and	l footv	vear?						○ YES		○ NO
additional edg	je protect	tion re	quired?									○ YES		○ NO
personal fall a	rrest equi	ipmen	required	,								○ YES		○ NO
s there a risk of	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from	hazard	ous fumes	?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the 1	oof for	the d	uratio	on of this	task?				L		
							ENCY CO	NTACTS vith the work						
Name:				Posit	Г					Conta	act:			
				AU'	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have and the conditions o				ınd ensu	red that	the n	ecessary pre	ecautions hav	e bee	en taken. It is s		rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				V	alid From:	Time:		Date:	
Company:				Permit Is:	suer:				v	alid To:	Time:		Date:	
				<u>HAND</u>	BACK	, REC	EIPT ANI	O CANCELI	LAT	<u>ION</u>				
confirm that the ac	tivity has be	een com	pleted, checl	ked by m	yself an	d the	area left sec	ure and in a s	afe a	nd tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR ermit hav		ormed th	nat the	person		l am satisfied		the activity h				
n charge has left the										ea left secure				
		Time:		Date:							Time:		Date:	

		Top C	opy : Per	mit Issu	uer, <mark>Mid</mark>	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u>	<u>00F</u>	ACCI	ESS	REQU	EST FOR	<u>RM</u>		REF:	0083	3	
Organisation:				Perm	it Accepto	or:				Mobile:				
Building:				Roof	Access Pc	oint:				2nd Escar	oe Route:			
WORK TYPE:	○ Inspe	ection/	'Survey	C	Refurb	ishm	ent	○ Anci	illary	Works		○ Mair	ntenar	nce
	○ Clea	ning		С	Strippi	ng &	Dismant	ing 🔿	Sho	rt-Duratio	n Work	ζ		
NB	3: For any	work ty	pe other t	han 'In:	spectior	ı/Sur	vey', a 'Wo	orking at Hei	ght' i	Permit to 1	work M .	AY be requ	iired.	
las a suitable ai las a method st							en for this	task? YE		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZAI	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	l compe	tent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
Are all persons v	vearing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	ge protec	tion re	quired?									○ YES		○ NO
s personal fall a	rrest equ	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	?									○ YES		○ NO
s Personal Prote	ective Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	ucts, flues	or out	lets on th	e roof?	1							○ YES		○ NO
f yes, is there a	risk from	hazard	lous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ıratic	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posi	tion:					Conta	act:			
				AL	JTHORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signatu	re:				Val	id From:	Time:		Date:	
Company:				Permit Is	ssuer:				Val	id To:	Time:		Date:	
				HAND	DBACK,	REC	EIPT AND	CANCELLA	ATIO	<u> </u>				
confirm that the ac	tivity has be	een com	pleted, ched	ked by r	nyself and	d the a	area left sec	ure and in a saf	e and	tidy condit	ion.			
Permit Acceptor:					S	ignat	ure:				Time:		Date:	
		SECUR		6	l A - I							DEVELOR		
acknowledge recei				tormed t	that the p	erson		I am satisfied t						
n charge has left th	e area secur	re and in	a safe and t	idy cond	lition.			permit and the	area	left secure a	and in a s	afe and tidy	conditi	on.

		Тор С	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, <mark>Bott</mark>	om	Copy : Pei	mit Aco	ceptor		
Aston Universi	ty		R	00F	<u>ACC</u>	<u>ESS</u>	REQU	EST FOI	<u>RM</u>		REF:	0084	ļ	
Organisation:				Permi	t Accept	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	ent	○ And	illar	y Works		○ Mair	ntenar	nce
	○ Clear	ning		\circ	Stripp	ing &	Dismant	ling C	Sho	ort-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	ight	Permit to	work M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employee ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
					HAZA	RDS	AND PRE	CAUTIONS	<u> </u>					
Are all persons r	equiring I	roof ac	cess train	ed and	comp	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	ppropi	riate cloth	ing and	d footv	vear?						○ YES		○ NO
additional edg	je protect	tion re	quired?									○ YES		○ NO
s personal fall a	rrest equi	pmen	t required	?								○ YES		○ NO
s there a risk of	falling ma	aterial?	•									○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?	,							○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	e roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	5?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the	roof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	Г					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTAI	NCE					
confirm that I have nd the conditions c				and ensu	red that	t the n	ecessary pre	ecautions have	beer			rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	e:				Vā	alid From:	Time:		Date:	
Company:				Permit Is	suer:				Va	alid To:	Time:		Date:	
				HAND	BACK	, REC	EIPT ANI	CANCELL	ATIO	<u>ON</u>				
confirm that the ac	tivity has be	en com	pleted, chec	ked by m	nyself an	d the	area left sec	ure and in a sa	fe an	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR		formed t	hat the	oerson		I am satisfied		ATES & CA				
n charge has left the								permit and th						
		Time:		Date:							Time:		Date:	

				ROO	FACC	ESS	REQU	JEST	FOR	М		REF:	0085		
ston Universi	ty		Ė		ı Acc	LJJ	MLQC	LJI				IVEI .	0000		
rganisation:				Per	rmit Accep	tor:					Mobile:				
uilding:				Roc	of Access F	oint:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspec	tion/	Survey	(○ Refurl	oishm	nent) Ancil	lary	Works		○ Mair	ntenar	nce
	○ Cleanii	ng		(○ Stripp	ing &	Dismant	tling	09	Short	t-Duratio	n Work	(
NB	: For any w	ork ty	pe other	than 'l	Inspectio	n/Sur	vey', a 'W	orking o	at Heig	ht' P	ermit to v	vork M	AY be requ	iired.	
las a suitable ar	nd sufficien	t risk	assessm	ent be	een und	ertake	en for thi	s task?	○ YE	S	01	NO	Safety at Wo amended) re five or more	ork Regular equire that employee	of Health and tions 1999 (as t organisations v es record the assessments an
las a method st	atement be	een u	ndertak	en for	this task	?			○ YE	5	01	NO	identify thos assessments must be sub	se especial and meth mitted to nt Departn	ly at risk. Risk nod statements Estates & Capita nent in advance
					HAZA	RDS	AND PR	ECAUT	<u>IONS</u>						
re all persons r	equiring ro	of ac	cess trai	ned ar	nd comp	etent	?						○ YES		○ NO
re the weather	conditions	acce	ptable?										YES		○ NO
re all persons v	vearing app	oropr	iate clot	hing a	nd foot	vear?							○ YES		○NO
additional edg	je protectio	n red	quired?										○ YES		○NO
personal fall a	rrest equip	ment	require	d?									○ YES		○NO
there a risk of	falling mate	erial?											○ YES		○ NO
Personal Prote	ctive Equip	men	t (PPE) r	equire	ed?								○ YES		○ NO
re there any du	ıcts, flues o	r out	ets on t	ne roo	of?								○ YES		○ NO
yes, is there a i	isk from ha	zard	ous fum	es?									○ YES		○ NO
low many pers	ons require	acce	ss to the	e roof t	for the d	uratio	on of this	task?							
							ENCY CO								
lame:				Po	sition:						Conta	nct:			
					AUTHOR	RISAT	ION AND	ACCE	PTAN	<u>CE</u>					
confirm that I have nd the conditions o													rry out the w	ork as c	lefined abov
Permit Acceptor:	- Instautions			Signat			JIKEIS IIIVOI				d From:	Time:		Date:	
Company:					it Issuer:					Vali	d To:	Time:		Date:	
				1166	UDD 4 CI		TIDT CO.	D CAN'		TIO	NI .			1	
confirm that the ac	tivity has beei	n com	oleted, che				area left se					ion.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
		CUR			,								DEVELO		
cknowledge recei						person							ompleted in		
charge has left the	e area secure a	and in	a safe and	tidy coi	ndition.			permit a	ind the	area I	eft secure a	and in a s	sare and tidy	conditi	on.

		Top C	opy:Per	mit Issu	ıer, Mic	ldle	Copy:Se	curity, Bott	om (Copy: Per	mit Aco	ceptor		
Aston Universi	ty		<u>R</u>	<u>OOF</u>	ACC	ESS	REQU	EST FOR	<u>RM</u>		REF:	0086	,	
Organisation:				Permi	it Accept	or:				Mobile:				
Building:				Roof A	Access Po	oint:				2nd Escar	oe Route:			
WORK TYPE:	○ Inspe	ection/	Survey	0	Refurb	ishm	nent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippi	ng &	Dismant	ling (Sho	rt-Duratio	n Work			
NB	: For any	work ty	pe other t	han 'Ins	spectio	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M	AY be requ	ired.	
las a suitable ar las a method st							en for this	task? YI		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	rk Regula equire that employed ndings of e especiation and meth mitted to at Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZA	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	etent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equ	ipmen [.]	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	•									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	cts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a ı	isk from	hazard	ous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	uratio	on of this	task?			l			
							ENCY CO	NTACTS vith the work)						
Name:				Posit	tion:					Conta	act:			
				AU	JTHOR	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												ry out the w	ork as o	defined above
Permit Acceptor:				Signatur	re:				Va	lid From:	Time:		Date:	
Company:				Permit Is	ssuer:				Va	lid To:	Time:		Date:	
				HAND	BACK,	REC	EIPT ANI	CANCELL	ATIC	<u>DN</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by n	nyself an	d the a	area left sec	ure and in a sat	e and	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge *ess:		SECUR		formad +	hat the	orson		I am satisfied t				DEVELOR		
acknowledge recei n charge has left the						erson		permit and the						
				_				<u> </u>						

ston Universi	ty			ROO	OF ACC	CESS	REQU	JEST I	FOR	<u>M</u>		REF:	0087	•	
rganisation:				Pe	ermit Acce	otor:					Mobile:				
uilding:				Ro	oof Access	Point:					2nd Escap	e Route	:		
ORK TYPE:	○ Inspec	tion/	Survey		○ Refur	bishm	ent	С	Ancil	lary \	Works		○ Mair	ntenar	nce
	○ Cleani	ing			○ Stripp	ping &	Dismant	tling	09	Short	-Duratio	n Worl	(
NB	: For any w	ork ty	pe other	than	'Inspection	on/Sur	vey', a 'W	orking a	ıt Heig	ht' P	ermit to v	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for thi		○ YES		01		Safety at Wo amended) ro five or more significant fi identify thosassessments must be sub	ork Regular equire that employee ndings of se especial and meth mitted to nt Departn	of Health and tions 1999 (as t organisations v es record the assessments and ly at risk. Risk nod statements Estates & Capita nent in advance
					HAZ	ARDS	AND PRI	ECAUTI	<u>ONS</u>						
re all persons r	equiring ro	oof ac	cess trai	ned a	and comp	oetent	?						○ YES		○ NO
re the weather	condition	s acce	ptable?										○ YES		○ NO
re all persons v	vearing ap	propi	iate clo	hing	and foot	wear?							○ YES		○ NO
additional edg	je protecti	on re	quired?										○ YES		○ NO
personal fall a	rrest equip	ment	require	d?									○ YES		○ NO
there a risk of	falling mat	erial?	1										○ YES		○ NO
Personal Prote	ctive Equi	pmer	t (PPE) r	equir	ed?								○ YES		○ NO
re there any du	ıcts, flues o	or out	lets on t	he ro	of?								○ YES		○NO
yes, is there a	isk from h	azard	ous fum	es?									○ YES		○ NO
low many pers	ons require	e acce	ess to th	e roof	f for the o	duratio	on of this	task?							
							ENCY CO								
lame:				P	osition:						Conta	ıct:			
				<u> </u>	AUTHO	RISAT	ION AND	ACCE	PTANO	CF.					
confirm that I have	verified the a	bove i	nformatio								aken. It is s	afe to ca	rry out the w	ork as c	defined abov
nd the conditions o	of this authori	isation	form have	been (explained t	to all wo	orkers invol	ved. I acc	ept resp	onsik	ility for thi	s work.			
ermit Acceptor:				Sign	ature:					Vali	d From:	Time:		Date:	
ompany:				Perm	nit Issuer:					Vali	d To:	Time:		Date:	
				HA	NDBACI	K, REC	EIPT AN	D CANO	ELLA	TIOI	1				
confirm that the ac	tivity has bee	n com	pleted, ch	ecked l	by myself a	ind the a	area left sed	cure and i	n a safe	and t	idy condit	on.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SI	ECUR	ITY						<u>E</u> :	STAT	TES & CA	PITAL	DEVELO	PMEN'	<u>T</u>
icknowledge recei charge has left the						person							completed in safe and tidy		

		Top C	opy:Per	mit Issu	ıer, <mark>Mid</mark>	dle (Copy : Se	curity, Bott	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u>	<u>00F</u>	ACCE	<u>SS</u>	REQU	EST FOR	<u>RM</u>		REF:	0088	3	
Organisation:				Permi	it Accepto	or:				Mobile:				
Building:				Roof	Access Po	int:				2nd Escap	oe Route:	:		
WORK TYPE:	○ Inspe	ection/	Survey	0	Refurbi	shm	ent	○ Anc	illary	Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippi	ng &	Dismant	ing 🔿	Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	spection	/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	vork M	AY be requ	iired.	
las a suitable ar las a method st						rtake	n for this	task? YE		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi se record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance o
					HAZAF	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	tent	?					○ YES		○ NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
re all persons v	vearing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
personal fall a	rest equ	ipmen	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	,									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired	?							○ YES		○ NO
Are there any du	icts, flues	or out	lets on th	e roof?								○ YES		○ NO
f yes, is there a r	isk from	hazard	ous fume	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof fo	r the du	ratio	n of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit						Conta	act:			
				AU	JTHORI	SATI	ON AND	ACCEPTAN	ICE					
confirm that I have and the conditions c				and ensu	ured that	the ne	ecessary pre	cautions have	been			rry out the w	ork as o	defined above
Permit Acceptor:				Signatur	re:				Val	id From:	Time:		Date:	
Company:				Permit Is	ssuer:				Val	lid To:	Time:		Date:	
				HAND	ВАСК,	REC	EIPT AND	CANCELLA	ATIC	<u> </u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by n	nyself and	I the a	rea left sec	ure and in a saf	e and	l tidy condit	ion.			
Permit Acceptor:					S	ignatı	ure:				Time:		Date:	
acknowledge receiv		SECUR		formed +	hat tho n	arcon		I am satisfied t				DEVELO		
acknowledge receip n charge has left the						erson								
Trendige has left the		- una m	a sale allu t	idy cond	ition.			permit and the	area	iert secure a	1110 111 0 3	are and day	conditi	on.

				D 🗢	OF 5		ECC	DEC		с т.		R =		6		20		
ston Universi	ty			<u>RO</u>	OF A	<u>ICC</u>	<u>ESS</u>	REQ	UE	ST I	<u>FOR</u>	<u>M</u>		REF:	008	39		
rganisation:					Permit <i>i</i>	Accep	tor:						Mobile:					
uilding:					Roof Ac	cess P	oint:						2nd Esca	oe Route	2:			
ORK TYPE:	○ Inspec	tion/	Survey		○ R	Refurk	oishm	ent		C) Anci	llar	y Works		<u></u>	ainten	an	ce
	○ Cleani	ng			⊜ S	tripp	ing &	Dismar	ntlir	ng	0:	Sho	rt-Duratio	n Wor	k			
NB	: For any w	ork ty	pe othe	r tha	ın 'Insp	ectio	n/Sur	vey', a 'l	Nor	king d	at Heig	ght'	Permit to	vork N	IAY be re	quired	1.	
las a suitable ar las a method st								en for th	nis t		○ YE		OI		Safety a amende five or m significa identify assessm	t Work Reg d) require nore emplo nt findings those espe ents and n	that of that of that of the control of the control that the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	f Health and ons 1999 (as organisations record the ssessments an v at risk. Risk od statements states & Capita
															Develop		artme	ent in advanc
		_						AND PI	REC	AUTI	<u>ONS</u>							
re all persons r					d and c	omp	etent	?							O YE			ONO
re the weather					الممامية	faat									O YE			ONO
re all persons v				unin	g and	IOOLV	vear:								O YE			ONO
additional edg	•														O YE			ONO
personal fall a				ea?											O YE			ONO
there a risk of					. 12										O YE			ONO
Personal Prote															O YE			ONO
re there any du	•				7001?										O YE			ONC
yes, is there a r					of for t	the d	uratio	on of thi	is ta	nsk?					O YE	:S 		ONO
low many pers			.55 (6 (1)		011011			ENCY C			-							
								connected										
lame:					Positio	on: [Conta	act:				
					AUT	HOR	ISAT	ION AN	ID <i>F</i>	ACCEI	PTAN	<u>CE</u>						
confirm that I have															arry out th	e work a	as de	efined abo
nd the conditions of	or this authori	sation	iorm nav				all wo	orkers inv	oive	d. i acc	ept res		lid From:	Time:			<u></u>	
ermit Acceptor:					gnature: ermit Issu								lid To:	Time:		╬	te:	
Company:					1330	u-1.	L							i iiiic.			[
				<u>H</u>	IANDE	BACK	, REC	EIPT AI	ND	CANO	CELLA	\TI(<u>ON</u>					
onfirm that the ac	tivity has bee	n com	oleted, ch	ecke	d by my	self ar	nd the	area left s	ecur	re and i	n a safe	e an	d tidy condit	ion.				
ermit Acceptor:							Signat	ure:						Time:			te:	
		CUR				, .1							ATES & CA					
cknowledge recei							person						he activity h					
charge has left the	e area secure	and in	a safe an	а тіау	conditi	on.			þ	ermit a	ina the	area	a left secure	anu in a	sale allu t	uy conc	JILIO	11.

		Top C	opy:Perr	nit Issuer, I	Middle	Copy : Se	curity, Bott	om C	opy:Per	mit Aco	ceptor	
Aston Universi	ty		R	OOF AC	CESS	REQU	EST FOR	<u>RM</u>		REF:	0090	
Organisation:				Permit Acc	ceptor:				Mobile:			
Building:				Roof Acces	ss Point:				2nd Escar	oe Route:		
WORK TYPE:	○ Inspe	ection/	Survey	○ Ref	urbishm	ent	○ Anc	illary	Works			enance
	○ Clear	ning		○ Stri	pping &	Dismant	ling (Shor	t-Duratio	n Work		
NB	: For any	work ty	pe other ti	nan 'Inspec	tion/Sur	vey', a 'Wo	orking at Hei	ight' F	Permit to 1	vork M	AY be requii	red.
Has a suitable ar Has a method st						en for this	task? YE		01		Safety at Work amended) requ five or more en significant find identify those of assessments ar must be submi	ement of Health and Regulations 1999 (as jire that organisations w nployees record the ings of assessments and especially at risk. Risk and method statements tted to Estates & Capita Department in advance icing.
				HA	ZARDS	AND PRE	CAUTIONS					
Are all persons re	equiring	roof ac	cess train	ed and con	npetent	?					○ YES	○ NO
Are the weather	conditio	ns acce	eptable?								○ YES	○ NO
Are all persons v	vearing a	ppropi	riate cloth	ng and foo	otwear?						○ YES	○ NO
Is additional edg	ge protect	tion re	quired?								○ YES	○ NO
Is personal fall a	rrest equi	pment	required	•							○ YES	○NO
Is there a risk of	falling ma	aterial?	•								○ YES	○ NO
Is Personal Prote	ective Equ	iipmer	nt (PPE) red	quired?							○ YES	○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?							○ YES	○NO
If yes, is there a r	risk from l	nazard	ous fumes	?							○ YES	○NO
How many perso	ons requi	re acce	ess to the I	oof for the	duratio	on of this	task?				·	
						ENCY CO	NTACTS vith the work)					
Name:				Position	. [Conta	act:		
ivanic.				1 OSITION.	· [Conta			
I confirm that I have and the conditions c				ınd ensured t	hat the ne	ecessary pre		been			ry out the wo	rk as defined abov
Permit Acceptor:				Signature:				Val	id From:	Time:		Date:
Company:				Permit Issuer	:			Val	id To:	Time:		Date:
				<u>HANDBA</u>	CK, REC	EIPT ANI	CANCELLA	ATIO	<u>N</u>			
I confirm that the act	tivity has be	en com	pleted, chec	ked by mysel	f and the a	area left sec	ure and in a sat	fe and	tidy condit	ion.		
Permit Acceptor:					Signati	ure:				Time:		Date:
		SECUR									DEVELOP	
l acknowledge receip in charge has left the							l am satisfied t permit and the					ccordance with thondition.
		Time:		Date:						Time:		Date:

		-	···		101,			currey, D					ceptor		
ston Universi	ty		R	<u>OOF</u>	<u>ACC</u>	ESS	REQU	EST F	<u>OR</u>	<u>M</u>		REF:	009	1	
rganisation:				Permi	it Accept	tor:				N	Nobile:				
uilding:				Roof	Access P	oint:				2	nd Escap	e Route	::		
VORK TYPE:	○ Inspect	tion/	Survey	0	Refurb	oishm	nent	\bigcirc A	Incil	lary W	orks		○ Mai	ntenar	nce
	○ Cleanir	ng		0	Stripp	ing &	d Dismant	ling	\bigcirc S	Short-I	Duratio	n Wor	k		
NB	: For any wo	ork ty	pe other:	han 'Ins	spectio	n/Sur	rvey', a 'W	orking at	Heig	ht' Pei	mit to v	vork M	IAY be req	uired.	
las a suitable ar las a method st							en for this		YES		01		Safety at W amended) I five or more significant I identify the assessment must be sul	ork Regula equire that employed indings of se especia s and meth omitted to nt Departr	of Health and tions 1999 (as t organisations v es record the assessments and lly at risk. Risk nod statements Estates & Capita nent in advance
					HAZA	RDS	AND PRE	CAUTIO	<u>NS</u>						
re all persons r	equiring ro	of ac	cess trair	ed and	comp	etent	:?						○ YES		○ NO
re the weather	conditions	acce	ptable?										○ YES		○ NO
re all persons v	earing app	oropr	iate cloth	ning and	d footw	vear?	1						○ YES		○ NO
additional edg	e protectio	n red	quired?										○ YES		○ NO
personal fall a	rest equipr	ment	required	!?									○ YES		○ NO
there a risk of	falling mate	erial?											○ YES		○ NO
Personal Prote	ctive Equip	men	t (PPE) re	quired	?								○ YES		○ NO
re there any du	cts, flues o	r out	ets on th	e roof?									○ YES		○ NO
yes, is there a r	isk from ha	zard	ous fume	s?									○ YES		○ NO
low many perso	ons require	acce	ss to the	roof fo	r the d	uratio	on of this	task?							
							ENCY CO								
Name:				Posit	tion:						Conta	nct:			
				AU	JTHOR	ISAT	ION AND	ACCEPT	ANG	CE					
confirm that I have nd the conditions o													erry out the v	vork as o	defined abov
Permit Acceptor:	T this authoris			Signatur			JIKEIS IIIVOI				From:	Time:		Date:	
Company:				Permit Is						Valid		Time:		Date:	
confirm that the ac	tivity has beer	n com	oleted, che				EIPT ANI area left sec				y condit	ion.			
ermit Acceptor:						Signat	ure:					Time:		Date:	
	SE	CUR	TY						<u>E</u> :	STATE	S & CA	PITAL	DEVELO	PMEN	T
acknowledge receip charge has left the						oerson	1						completed in safe and tidy		

			D/	OF A	CCE	SC DI	-OU	EST FO	ום(M	REF:	0092	<u></u>	
ston Universi	ty		<u>NC</u>	JOF A	ICCE.	<u> </u>	<u>-QU</u>	<u> </u>	<u>INI</u>	<u>VI</u>	KEF:	0092		
rganisation:				Permit A	Acceptor	:				Mobile	2:			
uilding:				Roof Ac	cess Poir	nt:				2nd Es	cape Rout	e:		
ORK TYPE:	○ Inspection	on/Surv	⁄ey	○ R	efurbis	hment		(A	ncill	ary Works		○ Mai	ntenar	nce
	○ Cleaning	9		◯ St	trippin	g & Dis	mantl	ling	⊜ S	hort-Dura	tion Wor	·k		
NB	: For any wor	k type c	ther th	an 'Insp	ection/	Survey	', a 'Wo	orking at l	leig	ht' Permit t	o work N	1AY be requ	uired.	
														of Health and tions 1999 (as
as a suitable ar	d sufficient	risk ass	essmei	nt been	undert	aken fo	or this	task?	YES	5 (ONO	amended) r five or more	equire that e employee	t organisations versions to the contract of th
as a method st	atement bee	n unde	rtaken	for this	task?			С	YES	5 (ONO	identify tho assessment must be sul Developme	se especial s and meth omitted to nt Departn	assessments and lly at risk. Risk nod statements Estates & Capita nent in advance
				<u>H</u>	AZAR	OS ANI	D PRE	CAUTIO	NS			works com	nencing.	
re all persons re	equiring roo	f access	traine	d and c	ompet	ent?						○ YES		○ NO
re the weather									-			○ YES		○ NO
re all persons v	earing appr	opriate	clothi	ng and f	ootwe	ar?						○ YES		○ NO
additional edg	e protection	requir	ed?									○ YES		○ NO
personal fall a	rest equipm	ent req	uired?									○ YES		○ NO
there a risk of	falling mater	ial?										○ YES		○ NO
Personal Prote	ctive Equipn	nent (P	PE) req	uired?								○ YES		○ NO
re there any du	cts, flues or	outlets	on the	roof?								○ YES		○ NO
yes, is there a r	isk from haz	ardous	fumes	?								○ YES		○ NO
low many pers	ons require a	ccess t	o the r	oof for t	he dur	ation o	f this	task?						
				(NTACTS	k)					
lame:				Positio	n:					Co	ntact:			
				AUT	HORIS	ATION	AND	ACCEPT	ANC	E				
confirm that I have													vork as c	defined abov
nd the conditions o	t this authorisa	tion form	nave be	en expiai	ned to a	worker	s invoiv	/ed. г ассерт	71 1				ار	
ermit Acceptor:				ignature:					╣┞	Valid Fron	n: Time:		Date:	
ompany:			F	ermit Issu	ier:					Valid To:	Time:		Date:	
				HANDB	ACK, F	ECEIP'	TANE	CANCE	LLA ⁻	<u>TION</u>				
confirm that the ac	ivity has been o	complete	d, check	ed by mys	self and	he area	left sec	ure and in a	safe	and tidy con	dition.			
ermit Acceptor:					Sig	nature:					Time:		Date:	
	SEC	URITY							ES	STATES &	CAPITA	L DEVELO	PMEN	Т
	<u> </u>													
icknowledge receil charge has left the	ot of this permit	having k				son						completed ir safe and tidy		ance with tl

		Top C	opy:Perr	nit Issu	er, Mid	ldle	Copy:Se	curity, <mark>Bott</mark>	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		<u>R</u> (00F	ACCI	<u>SS</u>	REQU	EST FOF	<u>RM</u>		REF:	0093	3	
Organisation:				Permit	t Accepto	or:				Mobile:				
Building:				Roof A	Access Pc	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	Survey		Refurb	ishm	ent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Strippi	ng &	Dismant	ing (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	pectior	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	vork M	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		OI OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZAI	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring I	roof ac	cess train	ed and	compe	tent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○ NO
are all persons v	vearing a	ppropi	riate cloth	ing and	l footw	ear?						○ YES		○ NO
s additional edg	e protect	tion re	quired?									○ YES		○ NO
s personal fall a	rest equi	ipmen	required	?								○ YES		○ NO
s there a risk of	falling ma	aterial?	,									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired?								○ YES		○ NO
Are there any du	cts, flues	or out	lets on the	e roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	5?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the	roof for	the du	ıratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	ion:					Conta	act:			
				AU'	THORI	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have and the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				Va	lid From:	Time:		Date:	
Company:				Permit Iss	suer:				Va	lid To:	Time:		Date:	
				HAND	ВАСК,	REC	EIPT AND	CANCELL	ATIC	<u>ON</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	yself and	the a	area left sec	ure and in a sa	fe and	d tidy condit	ion.			
Permit Acceptor:					S	ignat	ure:				Time:		Date:	
		SECUR										DEVELOR		
acknowledge receip						erson		I am satisfied t permit and the						
				<u>, </u>							ı			

Aston Universi	tv	<u>R</u>	OOF AC	CESS	REQU	EST FOR	M		REF:	0094	•	
rganisation:			Permit Ac	centor:				Mobile:				
riganisation.				[=	viobile.				
uilding:			Roof Acce	ss Point:				2nd Escap	e Route	:		
ORK TYPE:	○ Inspection	/Survey	○ Ref	urbishm	nent	○ Ancil	lary W	orks/		○ Mair	itenan	ce
	Cleaning		○ Str	ipping &	d Dismantl	ing OS	Short-	Duratio	n Work	(
NB	3: For any work t	type other t	han 'Inspec	tion/Su	rvey', a 'Wo	rking at Heig	ht' Pe	rmit to v	vork M .	AY be requ	ired.	
										NB: The Man		
as a suitable ar	nd sufficient ris	k assessme	ent been u	ndertak	en for this	task? YES	S	\bigcirc l	10	amended) re five or more	quire that employee:	
as a method st	atement been	undertake	n for this to	ask?		○ YES	S	01	10	identify those assessments must be sub	e especiall and meth mitted to E	issessments and y at risk. Risk od statements Estates & Capita ient in advance
				74000	AND DDE	CALITIONS				works comm		iene in advance
						<u>CAUTIONS</u>				CVEC		O NO
	equiring roof a conditions acc		ed and cor	npetent	[[○ YES		○NO ○NO
	vearing approp		ing and fo	otwear?	1					○ YES		
	ge protection re		9 4.14.10	- Correction						YES		ONO
	rrest equipmen		7							YES		ONO
•	falling material	•	•							YES		ONO
	ective Equipme		auired?							YES		ONO
	acts, flues or ou		•							YES		ONO
	risk from hazard									YES		ONO
	ons require acc			e duratio	on of this t	:ask?				10123		
	<u> </u>				ENCY COI							
			(Pe			ith the work)						
lame:			Position	:				Conta	ict:			
			AUTH	ORISAT	ION AND	ACCEPTANG	CE					
	verified the above									rry out the w	ork as d	efined abov
	or this siltnorisation	n form nave t	been explaine	ed to all we	orkers invoiv	ea. i accept resp	onsibil	ity for thi	s work.		1 .	
			Г						Г		1 1	
confirm that I have nd the conditions of ermit Acceptor:			Signature:	Г			Valid	From:	Time:		Date:	
ermit Acceptor:			Signature:	·: [Valid Valid		Time:		Date:	
ermit Acceptor:			Permit Issuei	L	EIPT AND	CANCELLA	Valid					
ermit Acceptor:	tivity has been con	npleted, chec	Permit Issue	CK, REC			Valid	То:	Time:			
ermit Acceptor:		npleted, chec	Permit Issue	CK, REC	area left secu		Valid	То:	Time:			
ermit Acceptor:			Permit Issue	CK, REC	area left secu	ure and in a safe	Valid TION and tio	To:	Time:	DEVELOP	Date:	
ompany: onfirm that the accermit Acceptor: cknowledge recei	tivity has been con	RITY aving been in	Permit Issued HANDBA ked by myse formed that t	CK, REC	area left secu	ure and in a safe	TION and tio	To:	Time:	ompleted in	Date:	ance with tl

		Top C	opy:Peri	nit Issu	er, Mic	ldle	Copy:Se	curity, <mark>Bott</mark>	om (Copy: Per	mit Ac	ceptor		
Aston Universi	ty		R	00F	<u>ACC</u>	ESS	REQU	EST FOF	<u>RM</u>		REF:	0095	5	
Organisation:				Permi	t Accept	or:				Mobile:				
Building:				Roof A	Access Po	oint:				2nd Escar	oe Route:			
VORK TYPE:	○ Inspe	ection/	'Survey	0	Refurb	ishm	ent	○ Anc	illary	/ Works		○ Mair	ntenar	nce
	○ Clea	ning		0	Strippi	ng &	Dismant	ling (Sho	rt-Duratio	n Work	(
NB	: For any	work ty	pe other t	han 'Ins	pection	n/Sur	vey', a 'Wo	orking at Hei	ght'	Permit to 1	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		OI		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of se especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
					HAZA	RDS	AND PRE	CAUTIONS						
Are all persons r	equiring	roof ac	cess train	ed and	compe	etent	?					○ YES		○NO
Are the weather	conditio	ns acce	eptable?									○ YES		○NO
re all persons v	vearing a	pprop	riate cloth	ing and	d footw	ear?						○ YES		○ NO
additional edg	e protec	tion re	quired?									○ YES		○ NO
s personal fall a	rest equ	ipmen [.]	t required	?								○ YES		○ NO
s there a risk of	falling m	aterial	?									○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) re	quired?	,							○ YES		○ NO
Are there any du	icts, flues	or out	lets on the	e roof?								○ YES		○ NO
f yes, is there a i	isk from	hazard	ous fume:	s?								○ YES		○ NO
How many pers	ons requi	ire acc	ess to the	roof for	the du	ıratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	ion:					Conta	act:			
				AU	THOR	SAT	ION AND	ACCEPTAN	ICE					
confirm that I have nd the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:				Signature	e:				Va	lid From:	Time:		Date	
Company:				Permit Is	suer:				Va	lid To:	Time:		Date:	
				HAND	ВАСК,	REC	EIPT ANI	CANCELL	ATIC	<u>DN</u>				
confirm that the ac	tivity has be	een com	pleted, chec	ked by m	nyself an	d the a	area left sec	ure and in a sa	e and	d tidy condit	ion.			
Permit Acceptor:						ignat	ure:				Time:		Date:	
acknowledge recei		SECUR		formed +l	hat the n	ercon		I am satisfied t				DEVELO		
n charge has left the						-c13011		permit and the						

ston I Inhand	.	R	OOF AC	CESS	REQU	EST FOR	M		REF:	0096	;	
ston Universi	<u> </u>		1	Г								
rganisation:			Permit Acc	eptor:				Nobile:				
uilding:			Roof Acces	s Point:				nd Escap	e Route	:		
ORK TYPE:	() Inspection,	/Survey	○ Refu	urbishm	nent	○ Ancil	lary W	orks		○ Main	itenan	ce
	○ Cleaning		◯ Stri	oping &	Dismantl	ing OS	Short-	Duratio	n Work	(
NB	: For any work t	ype other t	han 'Inspec	tion/Sur	vey', a 'Wo	rking at Heig	ht' Pei	mit to v	vork M .	AY be requ	ired.	
as a suitable an					en for this	task? YES		10		Safety at Woo amended) re five or more significant fir identify those assessments must be subi	rk Regulat quire that employee ndings of a e especiall and meth mitted to I t Departm	of Health and ions 1999 (as organisations v s record the issessments and y at risk. Risk od statements Estates & Capita ient in advance
			HA	ZARDS	AND PRE	CAUTIONS						
re all persons re	equiring roof a	ccess train	ed and con	npetent	?					○ YES	(○ NO
re the weather	conditions acc	eptable?								○ YES	(ONO
re all persons w	vearing approp	riate cloth	ing and foo	twear?						○ YES	(○ NO
additional edg	e protection re	equired?								○ YES	(○ NO
personal fall ar	rrest equipmen	t required	?							○ YES	(ONO
there a risk of f	falling material	?								○ YES	(ONO
Personal Prote	ctive Equipme	nt (PPE) re	quired?							○ YES	(ONO
re there any du	cts, flues or ou	tlets on the	e roof?							○ YES	(ONO
yes, is there a r	isk from hazard	dous fume:	;?							○ YES	(ONO
low many perso	ons require acc	ess to the	oof for the	duratio	on of this t	ask?						
					ENCY COI	NTACTS ith the work)						
lame:			Position:					Conta	ict:			
			AUTHO	DRISAT	ION AND	ACCEPTANO	CE					
confirm that I have			and ensured t	hat the n	ecessary pre	cautions have b	een tak			rry out the w	ork as d	efined abov
nd the conditions o	f this authorisation	n form have b	een explained	d to all wo	orkers involv	ed. I accept resp	onsibil	ity for thi	s work.			
			Signature:				Valid	From:	Time:		Date:	
ermit Acceptor:				Г			Valid	To:	Time:		Date:	
			Permit Issuer:									
ompany:			HANDBA	CK, REC		CANCELLA						
confirm that the act	ivity has been com		HANDBA	CK, REC				ly conditi	on.			
ompany:		npleted, chec	HANDBA	CK, REC	area left secu	ire and in a safe	and tio		Time:		Date:	
ompany: onfirm that the actermit Acceptor:	SECUE	npleted, chec	HANDBAC ked by myselt	Tand the Signat	ure:	ire and in a safe	and tic	ES & CA	Time:	DEVELOP	MENT	
ompany: confirm that the act ermit Acceptor:		npleted, chec	HANDBAG ked by myself	Signat	ure:	ire and in a safe	station	ES & CA	Time:	completed in	PMENT accorda	ance with t

		Тор С	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, <mark>Bot</mark>	om	Copy: Per	rmit Ac	ceptor		
Aston Universi	ty		<u>R</u> (OOF	<u>ACC</u>	<u>ESS</u>	REQU	EST FO	RM		REF:	0097	,	
Organisation:				Permit	t Accep	tor:				Mobile:				
Building:				Roof A	Access P	oint:				2nd Esca	pe Route:			
VORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	nent	○ And	illar	y Works		○ Mair	ntenar	nce
	○ Clear	ning		0	Stripp	ing &	Dismant	ling () Sh	ort-Duratio	n Work	(
NB	: For any	work ty	pe other ti	nan 'Ins	pectio	n/Sur	vey', a 'Wo	orking at He	ight	Permit to	work M .	AY be requ	iired.	
las a suitable ar las a method st							en for this	task?		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed indings of the especial and methal mitted to int Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance
					HAZA	RDS	AND PRE	CAUTIONS	<u> </u>					
are all persons requiring roof access trained and competent?												○ YES		○NO
Are the weather conditions acceptable?												○ YES		○ NO
Are all persons wearing appropriate clothing and footwear?												○ YES		○ NO
s additional edge protection required?												○ YES		○ NO
s personal fall arrest equipment required?												○ YES		○ NO
s there a risk of falling material?												○ YES		○ NO
s Personal Protective Equipment (PPE) required?												○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many perso	ons requi	re acce	ess to the I	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)						
Name:				Posit	ion:					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have nd the conditions o												rry out the w	ork as o	defined above
Permit Acceptor:	eptor: Signature: Valid From: Time:									Time:		Date:		
Permit Issuer: Valid To: Time:											Date:			
				HAND	BACK	, REC	EIPT ANI	CANCELL	ATI	<u>ON</u>				
confirm that the ac	tivity has be	en com	pleted, chec	ked by m	yself ar	d the	area left sec	ure and in a sa	ife ar	d tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
		SECUR								ATES & CA				
acknowledge receip n charge has left the						oerson		I am satisfied permit and th						
		Time:		Date:							Time:		Date:	

		Top C	opy:Pern	nit Issue	er, Midd	le C	opy: Se	curity, <mark>Bott</mark>	om	Copy: Per	mit Aco	ceptor		
Aston Universit	ty		RO	OOF A	ACCE:	<u>SS </u>	REQU	EST FOI	RM	l	REF:	0098	}	
Organisation:				Permit	Acceptor	: [Mobile:				
Building:				Roof A	ccess Poir	nt:				2nd Esca	oe Route:			
WORK TYPE:	○ Inspe	ection/	Survey	○ F	Refurbis	hme	ent	○ And	illaı	ry Works		○ Mair	ntenar	nce
	○ Clear	ning		09	Stripping	g & [Dismantl	ing C	Sh	ort-Duratio	n Work			
NB	: For any	work ty	pe other th	nan 'Insp	pection/.	Surv	ey', a 'Wo	orking at He	ight	Permit to	work M	AY be requ	ired.	
das a suitable an						aker	n for this	task? Y		01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	rk Regula equire that employed ndings of e especia and meth mitted to at Departr	of Health and tions 1999 (as t organisations w es record the assessments and lly at risk. Risk nod statements Estates & Capital ment in advance
				Ī	HAZARI	OS A	ND PRE	CAUTIONS	<u> </u>					
are all persons requiring roof access trained and competent?												○ YES		○ NO
Are the weather conditions acceptable?												○ YES		○ NO
re all persons w	earing a	ppropi	riate clothi	ng and	footwe	ar?						○ YES		○ NO
s additional edge protection required?												○ YES		○ NO
s personal fall arrest equipment required?												○ YES		○ NO
s there a risk of falling material?												○ YES		○ NO
s Personal Prote	ctive Equ	uipmer	nt (PPE) rec	quired?								○ YES		○ NO
Are there any du	cts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many perso	ons requi	ire acce	ess to the r	oof for	the dura	atior	of this	task?						
								NTACTS vith the work)						
Name:				Positi	on:					Conta	act:			
				<u>AU1</u>	THORIS	ATIC	ON AND	ACCEPTAI	NCE					
confirm that I have nd the conditions o												ry out the w	ork as o	defined above
Permit Acceptor:	eptor: Signature: Valid From: Time:									Time:		Date:		
ompany: Permit Issuer: Valid To: Time:										Time:		Date:		
				HANDE	BACK, R	ECE	IPT AND	CANCELL	ATI	<u>ON</u>				
confirm that the act	ivity has be	een com	pleted, check	red by my	self and t	he ar	ea left sec	ure and in a sa	ife ar	nd tidy condit	ion.			
Permit Acceptor:					Sig	natur	re:				Time:		Date:	
acknowledge receip	ot of this pe		ing been inf			son		I am satisfied	that		as been c	ompleted in	accord	ance with thi
n charge has left the	area secur	e and in	a sate and ti	ay condit	ion.	_		permit and th	e are	ea left secure	and in a s	ate and tidy	conditi	on.
		Time:		Date:							Time:		Date:	:

			DC	OE A	CCE	SC DE	OLI	EST FO)DI	M		REF:	009	Ω.	
ston Universi	ty		<u>nc</u>	JOF A	CCE	33 KE	<u>:QU</u>	<u> </u>	<u>INI</u>	IVI		KEF:	009	9	
rganisation:				Permit A	cceptor	:				М	lobile:				
uilding:				Roof Acc	ess Poir	nt:				21	nd Escap	e Route	:		
ORK TYPE:	○ Inspection	on/Surve	≘у	○ Re	efurbis	hment		(A	ncil	lary Wo	orks		○ Ma	intenaı	nce
	Cleaning)		⊜ St	rippin	g & Dis	mantl	ling	⊜ s	Short-D	Ouratio	n Wor	k		
NB	For any wor	k type ot	her th	an 'Inspe	ection/	Survey',	a 'Wo	orking at F	leig	ht' Peri	mit to v	vork M	AY be req	uired.	
	1 (0: -	. 1		. 1		1 6	.1.		\/=(_			Safety at V	ork Regula	of Health and tions 1999 (as
as a suitable and sufficient risk assessment been undertaken for this task?													five or mo	e employe	t organisations was record the assessments an
las a method statement been undertaken for this task? YES NO												significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance works commencing.			
				<u>H</u> .	AZAR	DS ANI) PRE	CAUTION	<u>IS</u>						
re all persons requiring roof access trained and competent?												○ YES	,	○ NO	
Are the weather conditions acceptable?												○ YES	,	○ NO	
Are all persons wearing appropriate clothing and footwear?												○ YES	5	○ NO	
s additional edge protection required?												○ YES	5	○ NO	
s personal fall arrest equipment required?												○ YES	j	○ NO	
s there a risk of falling material?												○ YES	j	○ NO	
s Personal Protective Equipment (PPE) required?												○ YES	j	○ NO	
re there any du	ıcts, flues or	outlets c	n the	roof?									○ YES	j	○ NO
yes, is there a r	risk from haz	ardous f	umes	?									○ YES	5	○ NO
low many pers	ons require a	ccess to	the r	oof for th	he dur	ation o	fthis	task?							
				(F				NTACTS vith the wor	k)						
lame:				Positio	n:						Conta	nct:			
				AUTI	HORIS	ATION	AND	ACCEPTA	ANC	CE					
confirm that I have													rry out the	work as	defined abov
nd the conditions o	of this authorisa	tion form I			ned to a	l workers	involv	ed. I accept	resp					7	
ermit Acceptor:										Time:		Date			
Company:			P	ermit Issu	er:					Valid 7	Го: ———	Time:		Date	
			ļ	HANDB	ACK, F	ECEIP	Γ ANE	CANCEL	LA	TION					
onfirm that the ac	tivity has been o	completed	, check	ed by mys	elf and	he area l	eft sec	ure and in a	safe	and tidy	/ conditi	ion.			
ermit Acceptor:					Sig	nature:						Time:		Date	
	SEC	<u>URITY</u>							<u>E</u> :	STATE	S & CA	PITAL	DEVELO	PMEN	<u>T</u>
icknowledge recei charge has left the						son		I am satisfie permit and							ance with tl on.

		Тор С	opy:Perr	nit Issu	er, Mi	ddle	Copy:Se	curity, <mark>Bot</mark>	tom	Copy: Pe	mit Aco	ceptor		
Aston Universi	ty		<u>R</u> (OOF	ACC	ESS	REQU	EST FO	RN	<u>l</u>	REF:	0100)	
Organisation:				Permit	t Accept	tor:				Mobile:				
Building:				Roof A	ccess P	oint:				2nd Esca	oe Route:			
WORK TYPE:	○ Inspe	ection/	Survey	0	Refurk	oishm	ent	○ An	cilla	ry Works		○ Mair	ntenar	nce
Cleaning Stripping & Dismantling Short-Duration Wor												(
NB	: For any	work ty	pe other t	nan 'Ins	pectio	n/Sur	vey', a 'Wo	orking at H	eigh	t' Permit to	work M	AY be requ	iired.	
Has a suitable ar Has a method st							en for this		YES	01		Safety at Wo amended) re five or more significant fi identify thos assessments must be sub	ork Regula equire that employed ndings of the especial and meth mitted to nt Departr	of Health and tions 1999 (as t organisations wi se record the assessments and lly at risk. Risk nod statements Estates & Capital nent in advance of
					HAZA	RDS	AND PRE	CAUTION	<u>S</u>					
are all persons requiring roof access trained and competent?												○ YES		○ NO
Are the weather conditions acceptable?												○ YES		○NO
Are all persons wearing appropriate clothing and footwear?												○ YES		○ NO
s additional edge protection required?												○ YES		○ NO
s personal fall arrest equipment required?												○ YES		○ NO
s there a risk of falling material?												○ YES		○ NO
s Personal Prote	ctive Equ	ıipmer	nt (PPE) red	quired?								○ YES		○ NO
Are there any du	ıcts, flues	or out	lets on the	roof?								○ YES		○ NO
f yes, is there a r	isk from l	hazard	ous fumes	?								○ YES		○ NO
How many pers	ons requi	re acce	ess to the	oof for	the d	uratio	on of this	task?						
							ENCY CO	NTACTS vith the work)					
Name:				Posit	Г					Conta	act:			
				AU	THOR	ISAT	ION AND	ACCEPTA	NCE					
confirm that I have and the conditions o				ınd ensu	red that	the n	ecessary pre	ecautions hav	e be	en taken. It is s		rry out the w	ork as o	defined above
Permit Acceptor:	ceptor: Signature: Valid From: Time:									Time:		Date:		
Company:	pmpany: Permit Issuer: Valid To: Time:										Time:		Date:	
				HAND	BACK	, REC	EIPT ANI	O CANCEL	LAT	<u>ION</u>				
confirm that the ac	tivity has be	en com	pleted, chec	ked by m	yself an	d the	area left sec	ure and in a s	afe a	nd tidy condit	ion.			
Permit Acceptor:						Signat	ure:				Time:		Date:	
acknowledge recei		SECUR		ormed th	nat the	person		l am satisfied		the activity h				
n charge has left the										ea left secure				
		Time:		Date:							Time:		Date:	