



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0001**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0002**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
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AUTHORISATION AND ACCEPTANCE

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HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0003**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0004**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate). _____
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

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EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
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AUTHORISATION AND ACCEPTANCE

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0005**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
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AUTHORISATION AND ACCEPTANCE

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ESTATES & CAPITAL DEVELOPMENT		
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0006**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
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AUTHORISATION AND ACCEPTANCE

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HANDBACK, RECEIPT AND CANCELLATION

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0007**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0008**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0009**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0010**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0011**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
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	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0012**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SECURITY

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

<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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ESTATES & CAPITAL DEVELOPMENT

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

<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0013**

Contractor:	<input style="width: 90%;" type="text"/>	Permit Acceptor:	<input style="width: 90%;" type="text"/>	How many detectors will be/have been* covered? (delete as appropriate).
Building:	<input style="width: 90%;" type="text"/>	Floor Number:	<input style="width: 90%;" type="text"/>	
Corridor:	<input style="width: 90%;" type="text"/>	Room Number(s):	<input style="width: 90%;" type="text"/>	

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on 0121 204 4803 **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

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

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<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0014**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Permit Acceptor:	Signature:	Valid From:	Time:	Date:
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Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0015**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0016**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

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Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
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ESTATES & CAPITAL DEVELOPMENT		
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0017**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
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Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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SECURITY

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0018**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Company:	Permit Issuer:	Valid To:	Time:	Date:
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HANDBACK, RECEIPT AND CANCELLATION

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0019**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

HANDBACK, RECEIPT AND CANCELLATION

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Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0020**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Company:	Permit Issuer:	Valid To:	Time:	Date:
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HANDBACK, RECEIPT AND CANCELLATION

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SECURITY

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0021**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0022**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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ESTATES & CAPITAL DEVELOPMENT

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

<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0023**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0024**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
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Company:	Permit Issuer:	Valid To:	Time:	Date:
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HANDBACK, RECEIPT AND CANCELLATION

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SECURITY		
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0025**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
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Company:	Permit Issuer:	Valid To:	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT		
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0026**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

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Company:	Permit Issuer:	Valid To:	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0027**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
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Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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SECURITY

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0028**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0029**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0030**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SECURITY

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

	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0031**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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HANDBACK, RECEIPT AND CANCELLATION

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0032**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate). _____
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0033**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0034**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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What measures are in place to control dust, fume and vapour?

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Name:	Position:	Contact:
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SECURITY

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0035**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0036**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0037**

Contractor:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	How many detectors will be/have been* covered? (delete as appropriate).
Building:	<input type="text"/>	Floor Number:	<input type="text"/>	
Corridor:	<input type="text"/>	Room Number(s):	<input type="text"/>	

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

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

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

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

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0038**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT		
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<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0039**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0040**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0041**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0042**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0043**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0044**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0045**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0046**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0047**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Valid From:	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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SECURITY

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

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ESTATES & CAPITAL DEVELOPMENT

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

<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0048**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0049**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0050**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

PRECAUTIONS

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Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0051**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Valid From:	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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SECURITY

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

<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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ESTATES & CAPITAL DEVELOPMENT

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

<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0052**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

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

Has a method statement been undertaken for this task?

YES NO

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Valid From:	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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SECURITY

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

<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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ESTATES & CAPITAL DEVELOPMENT

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

<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0053**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate). _____
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0054**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0055**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Valid From:	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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SECURITY

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

<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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ESTATES & CAPITAL DEVELOPMENT

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

<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0056**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0057**

Contractor:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	How many detectors will be/have been* covered? (delete as appropriate).
Building:	<input type="text"/>	Floor Number:	<input type="text"/>	
Corridor:	<input type="text"/>	Room Number(s):	<input type="text"/>	

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

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

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

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

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0058**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0059**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0060**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on 0121 204 4803 **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0061**

Contractor:	<input style="width: 90%;" type="text"/>	Permit Acceptor:	<input style="width: 90%;" type="text"/>	How many detectors will be/have been* covered? (delete as appropriate).
Building:	<input style="width: 90%;" type="text"/>	Floor Number:	<input style="width: 90%;" type="text"/>	
Corridor:	<input style="width: 90%;" type="text"/>	Room Number(s):	<input style="width: 90%;" type="text"/>	

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

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

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

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

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



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0062**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0063**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0064**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0065**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Valid From:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SECURITY

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

<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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ESTATES & CAPITAL DEVELOPMENT

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

<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0066**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on 0121 204 4803 **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0067**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0068**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0069**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

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	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0070**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0071**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0072**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

SECURITY

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

	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0073**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0074**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Valid From:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SECURITY

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

<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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ESTATES & CAPITAL DEVELOPMENT

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

<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0075**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0076**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate). _____
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0077**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0078**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Valid From:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SECURITY

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

<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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ESTATES & CAPITAL DEVELOPMENT

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

<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0079**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0080**

Contractor:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	How many detectors will be/have been* covered? (delete as appropriate).
Building:	<input type="text"/>	Floor Number:	<input type="text"/>	
Corridor:	<input type="text"/>	Room Number(s):	<input type="text"/>	

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

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

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 60%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 60%;" type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 60%;" type="text"/>
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SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 90%;" type="text"/>	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 60%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 90%;" type="text"/>	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 60%;" type="text"/>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0081**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on 0121 204 4803 **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0082**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate). _____
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
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ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0083**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0084**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0085**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate). _____
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0086**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
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ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0087**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
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HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0088**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on 0121 204 4803 **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0089**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Company:	Permit Issuer:	Valid To:	Time:	Date:
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HANDBACK, RECEIPT AND CANCELLATION

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Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

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

	Time:	Date:
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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0090**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SECURITY

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

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ESTATES & CAPITAL DEVELOPMENT

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

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0091**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Valid From:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time:	<div style="border: 1px solid black; height: 20px;"></div>	Date:	<div style="border: 1px solid black; height: 20px;"></div>
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SECURITY

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

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ESTATES & CAPITAL DEVELOPMENT

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

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0092**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

AUTHORISATION AND ACCEPTANCE

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Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
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SECURITY

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ESTATES & CAPITAL DEVELOPMENT

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

<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Time:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0093**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
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SECURITY		
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ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0094**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

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

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0095**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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

	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0096**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate). _____
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?	<input type="radio"/> YES	<input type="radio"/> NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY		
I acknowledge receipt of this form having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<div style="border: 1px solid black; height: 20px;"></div>	Time:	Date:
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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0097**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Valid From:	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Company:	<div style="border: 1px solid black; height: 20px;"></div>	Permit Issuer:	<div style="border: 1px solid black; height: 20px;"></div>	Valid To:	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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Permit Acceptor:	<div style="border: 1px solid black; height: 20px;"></div>	Signature:	<div style="border: 1px solid black; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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SECURITY

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0098**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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ESTATES & CAPITAL DEVELOPMENT

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SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0099**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

Smoke/Heat detector head covers are issued by the University on the strict understanding that **ALL** covers are removed no sooner than 15 minutes after work has completed.

Where dust, fume or smoke has been severe, the contractor **MUST** notify Security on **0121 204 4803** **PRIOR** to removing any covers.

This permit is only valid for one 24hr period and it is a condition of issue that the person in charge ensures the removal of **ALL** covers at the end of the working day. At that time, **ALL** covers issued must be returned to Estates or Security. Smoke/Heat detector heads **MUST NOT** remain **COVERED** overnight **UNLESS** work is being undertaken during that time.

By signing the authorisation and acceptance section below, the Contractor is agreeing that should a fire fail to be detected due to a cover not being removed in accordance with this isolation form, the Contractor will be held liable for any loss, injury or damage sustained as a result.

What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

AUTHORISATION AND ACCEPTANCE

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<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

HANDBACK, RECEIPT AND CANCELLATION

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Permit Acceptor:	Signature:	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECURITY

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	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

ESTATES & CAPITAL DEVELOPMENT

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	Time:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>



SMOKE/HEAT DETECTOR ISOLATION FORM

REF: **0100**

Contractor:		Permit Acceptor:		How many detectors will be/have been* covered? (delete as appropriate).
Building:		Floor Number:		
Corridor:		Room Number(s):		

Job Details (including reason for need to isolate smoke/heat detectors):

Has a suitable and sufficient risk assessment been undertaken for the task requiring this permit?

YES NO

Has a method statement been undertaken for this task?

YES NO

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

PRECAUTIONS

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What measures are in place to control dust, fume and vapour?

EMERGENCY CONTACTS

(Person not connected with the work)

Name:		Position:		Contact:	
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AUTHORISATION AND ACCEPTANCE

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

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

HANDBACK, RECEIPT AND CANCELLATION

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

Permit Acceptor:		Signature:		Time:		Date:	
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SECURITY

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

	Time:		Date:	
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ESTATES & CAPITAL DEVELOPMENT

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

	Time:		Date:	
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