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|--|------------|---------------------------------------|-------|---------------|----------------|-------------|-------------|----------------|--------|----------------|---------------|------------------------|--|--|
| Contractor:  |            |                                       |       |               | Permit Ac      | ceptor:     |             |                |        |                |               |                        | will   | many detectors<br>be/have been*  |
| Building:  |            |                                       |       |               | Floor Num      | nber:       |             |                |        |                |               |                        | CO   | vered? (delete as appropriate).  |
| Corridor:  |            |                                       |       |               | Room Nur       | mber(s):    |             |                |        |                |               |                        |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto   | solate     |                                       |       |               |                |             |             |                |        |                |               |                        |  |  |
| Has a suitable and su<br>requiring this permit   |            | risk assessm                          | nen   | t been ur     | ndertake       | n for the t | ask         | ○ YE           | :S     | $\bigcirc$ l   | 10            | Sa<br>an<br>fiv<br>siç | fety at Wo<br>nended) re<br>e or more<br>gnificant fii | agement of Health and<br>rk Regulations 1999 (as<br>quire that organisations with<br>employees record the<br>ndings of assessments and<br>e especially at risk. Risk |
| Has a method staten  | nent be    | en undertak                           | en    | for this ta   | sk?            |             |             | ○ YE           | S      | $\bigcirc$ 1   | 10            | as<br>m<br>De          | sessments<br>ust be sub<br>evelopmen                   | and method statements<br>mitted to Estates & Capital<br>t Department in advance of   |
|  |            |                                       |       |               | PRI            | ECAUTIO     | NS          |                |        |                |               | W                      | orks comm  | encing.  |
| Smoke/Heat detector h<br>minutes after work has  | comple     | ted.                                  |       |               | ŕ              |             |             | _              |        |                |               |                        |  |  |
| Where dust, fume or sr   | noke has   | been severe,                          | , the | e contracto   | or <b>MUST</b> | notify Secເ | rity o      | on <u>0121</u> | 204 48 | 03 <b>PRIO</b> | <b>R</b> to r | emovi                  | ng any   | covers.  |
| This permit is only va<br>end of the working day<br>COVERED overnight U  | /. At that | time, <b>ALL</b> co                   | vers  | s issued mi   | ust be ret     | urned to E  |             |                |        |                |               |                        |  |  |
| By signing the authoris<br>being removed in acco   |            |                                       |       |               |                |             |             |                |        |                |               |                        |  |  |
| What measures are in pla<br>control dust, fume and va  |            |                                       |       |               |                |             |             |                |        |                |               |                        |  |  |
|  |            |                                       |       |               | EMERGE         | NCY CON     | ITA         | CTS            |        |                |               |                        |  |  |
|  |            |                                       |       |               |                | nnected v   |             |                | rk)    |                |               |                        |  |  |
| Name:  |            |                                       |       | Position:     |                |             |             |                |        | Conta          | ıct:          |                        |  |  |
|  |            |                                       |       | ΔΙΙΤΗ         | ) RISATI       | ON AND      | <b>۵</b> ۲۲ | FDTAN          | CF     |                |               |                        |  |  |
| Land Company of the Aller of the Company of Company of the Company |            | · · · · · · · · · · · · · · · · · · · |       |               |                |             |             |                |        | 16.5           | · ( - 1 -     |                        |  | and an electrical all and  |
| I confirm that I have verifi<br>and the conditions of this   |            |                                       |       |               |                |             |             |                |        |                |               |                        | ut the w   | ork as defined above   |
| Permit Acceptor:   |            |                                       | Sig   | gnature:      |                |             |             |                | Valid  | From:          | Time          | :                      |  | Date:  |
| Company:   |            |                                       | Pe    | ermit Issuer: |                |             |             |                | Valid  | То:            | Time          | :                      |  | Date:  |
|  |            |                                       | F     | HANDBAG       | CK. RFC        | EIPT AND    | CAI         | NCELL 4        | ATION  |                |               |                        |  |  |
| I confirm that the activity  | has been   | completed, che                        |       |               |                |             |             |                |        | dy conditi     | on.           |                        |  |  |
| Permit Acceptor:   |            |                                       |       |               | Signatu        | ıre:        |             |                |        |                | Time          | :                      |  | Date:  |
|  | SEC        | CURITY                                |       |               |                |             |             | E              | STAT   | ES & CA        | PITA          | AL DE                  | VELOP  | MENT   |
| I acknowledge receipt of in charge has left the area   |            |                                       |       |               |                |             |             |                |        |                |               |                        |  | accordance with this condition.  |
|  | т:         | mai                                   |       | Data          |                |             |             |                |        |                | Time          |                        |  | Dates  |

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|--|------------------------|------------------------------|-------------------------------|----------------------|--------------------|----------|--|--|--|
| Contractor:  |                        | Permit .                     | Acceptor:                     |                      |                    |          | How many detectors will be/have been*  |  |  |
| Building:  |                        | Floor N                      | umber:                        |                      |                    |          | covered? (delete as appropriate).  |  |  |
| Corridor:  |                        | Room N                       | lumber(s):                    |                      |                    |          |  |  |  |
| Job Details (includir<br>reason for need to i<br>smoke/heat detecto  | solate                 |                              |                               |                      |                    |          | NB: The Management of Health and   |  |  |
| Has a suitable and s<br>requiring this permi   |                        | nent been underta            | ken for the tasl              | YES                  | ON                 | 10       | Safety at Work Regulations 1999 (as<br>amended) require that organisations with<br>five or more employees record the<br>significant findings of assessments and<br>identify those especially at risk. Risk |  |  |
| Has a method stater  | ment been undertal     | ken for this task?           |                               | ○ YES                | $\bigcirc$ $N$     | 10       | assessments and method statements<br>must be submitted to Estates & Capital<br>Development Department in advance of  |  |  |
|  |                        | P                            | RECAUTIONS                    |                      |                    |          | works commencing.  |  |  |
| Smoke/Heat detector<br>minutes after work ha   |                        | d by the University or       | the strict under              | rstanding that       | <b>ALL</b> covers  | are remo | oved no sooner than 15   |  |  |
| Where dust, fume or s  | moke has been severe   | e, the contractor <b>MUS</b> | <b>T</b> notify Security      | on <u>0121 204</u> 4 | 4803 <b>PRIO</b> I | to remo  | ving 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 pla<br>control dust, fume and v   |                        |                              |                               |                      |                    |          |  |  |  |
|  |                        |                              | GENCY CONT/<br>connected witl |                      |                    |          |  |  |  |
| Name:  |                        | Position:                    |                               |                      | Conta              | ct:      |  |  |  |
|  |                        |                              | TION AND AC                   |                      |                    |          |  |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                        |                              |                               |                      |                    |          | out the work as defined above  |  |  |
| Permit Acceptor:   |                        | Signature:                   |                               | Val                  | id From:           | Time:    | Date:  |  |  |
| Company:   |                        | Permit Issuer:               |                               | Val                  | id To:             | Time:    | Date:  |  |  |
|  |                        | HANDBACK, RE                 | CEIPT AND C                   | ANCELLATIO           | N                  |          |  |  |  |
| I confirm that the activity  | has been completed, ch | necked by myself and the     | e area left secure a          | and in a safe and    | tidy condition     | on.      |  |  |  |
| Permit Acceptor:   |                        | Sign                         | ature:                        |                      |                    | Time:    | Date:  |  |  |
|  | <u>SECURITY</u>        |                              |                               | ESTA                 | TES & CA           | PITAL D  | EVELOPMENT   |  |  |
| I acknowledge receipt of<br>in charge has left the are   |                        |                              |                               |                      |                    |          | npleted in accordance with this e and tidy condition.  |  |  |
|  | Time:                  | Date:                        |                               |                      |                    | Time:    | Date:  |  |  |

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|--|---|--|---|---|---|---|----------------|--|---------------------|------------------------------------|--|---|
| Contractor:  |   |  |   | Permit Acc  | ceptor:   |   |                |  |                     |                                    | will be/h  | ny detectors<br>nave been*  |
| Building:  |   |  |   | Floor Num   | nber:   |   |                |  |                     |                                    |  | d? (delete as opriate).   |
| Corridor:  |   |  |   | Room Nur  | mber(s):  |   |                |  |                     |                                    |  |   |
| Job Details (includir<br>reason for need to is<br>smoke/heat detecto   | solate  |  |   |   |   |   |                |  |                     |                                    |  |   |
| Has a suitable and surequiring this permi  |   | isk assessm  | ient been ui  | ndertake  | n for the t   | ask 0   | /ES            | 0  | NO                  | Safety<br>amen<br>five o<br>signif | oat Work Regul<br>ded) require the<br>r more employ-<br>icant findings c | f assessments and   |
| Has a method stater  | nent beer   | า undertak   | en for this to  | ask?  |   | 0)  | /ES            | 0  | NO                  | asses:<br>must                     | ments and me<br>be submitted t   | ally at risk. Risk<br>thod statements<br>o Estates & Capital<br>tment in advance of |
|  |   |  |   | DRF   | CAUTIO  | VS.   |                |  |                     | works                              | commencing.  |   |
| Where dust, fume or significant of the working day COVERED overnight USBy signing the authorist being removed in account of the working day what measures are in placed on the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working day and was a significant of the wore | Ilid for one<br>y. At that ti<br>INLESS wo<br>sation and<br>ordance wir | e 24hr perio<br>ime, ALL cov<br>ork is being u<br>acceptance | ed and it is a devers issued mundertaken describen belowing in the section belowion form, the | condition<br>ust be ret<br>uring that<br>w, the Cor<br>contractor | of issue th<br>urned to E<br>t time.<br>ntractor is a<br>or will be h | at the perso<br>states or Se<br>agreeing th<br>eld liable f | on in cecurity | :harge ens<br>: Smoke/H<br>ould a fire f | ures the<br>eat det | e removector he                    | ral of <b>ALL</b> eads <b>MUS</b>  | covers at the <b>F NOT</b> remain a cover not                                       |
| Name:  |   |  | Position  | :   |   |   |                | Cont                                     | act:                |                                    |  |   |
|  |   |  | AUTH  | ORISATI   | ON AND  | ACCEPTA   | NCE            | <u> </u>                                 |                     |                                    |  |   |
| I confirm that I have verifi<br>and the conditions of this   |   |  | n and ensured   | that the ne   | cessary pred  | autions hav   | e been         |  |                     | arry out                           | the work as  | defined above   |
| Permit Acceptor:   |   | on form have   | Signature:  | ed to all wol   | TREES HIVOIVE   |   |                | lid From:                                | Time:               |                                    | Date   | ::  |
| Company:   |   |  | Permit Issuer   | :   |   |   | Va             | lid To:                                  | Time:               |                                    | Date   | ::  |
|  |   |  | HANDBA  | CK. RFC   | FIPT AND  | CANCELI   | ATIC           | )N                                       |                     |                                    |  |   |
| I confirm that the activity  | has been co   | ompleted, che  |   |   |   |   |                |  | ion.                |                                    |  |   |
| Permit Acceptor:   |   |  |   | Signatu   | ıre:  |   |                |  | Time:               |                                    | Date   | ::  |
|  |   | <u>JRITY</u>   |   |   |   |   |                | ATES & CA                                |                     |                                    |  |   |
| l acknowledge receipt of<br>in charge has left the area  |   |  |   |   |   | am satisfied<br>ermit and tl                                |                |  |                     |                                    |  | dance with this<br>ion.   |
|  | Time  | e:   | Date:   |   |   |   |                |  | Time:               |                                    | Date   | :   |

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| two processes and an extra processes and the second |              |               |               |                |                  |                   |                |                      |                 |                             |  |  |
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| Contractor:  |              |               |               | Permit Ac      | ceptor:          |                   |                |                      |                 |                             | will be/ha   |  |
| Building:  |              |               |               | Floor Nun      | nber:            |                   |                |                      |                 |                             | covered:<br>approp   | ? (delete as oriate).  |
| Corridor:  |              |               |               | Room Nu        | mber(s):         |                   |                |                      |                 |                             |  |  |
| Job Details (includir<br>reason for need to is<br>smoke/heat detecto   | solate       |               | ,             |                |                  |                   |                |                      |                 | NP                          | The Management o   | of Hoalth and  |
| Has a suitable and surequiring this permi  |              | k assessme    | ent been ui   | ndertake       | n for the ta     | sk OYE            | :S             | 01                   | 10              | Safe<br>ame<br>five<br>sigr | ety at Work Regulat<br>ended) require that<br>or more employee<br>nificant findings of a | ions 1999 (as<br>organisations with<br>s record the<br>sssessments and |
| Has a method stater  | ment been    | undertake     | n for this ta | ask?           |                  | ○ YE              | S              | 01                   | 10              | asse<br>mu:<br>Dev          | ntify those especiall<br>essments and meth<br>st be submitted to I<br>velopment Departm  | od statements<br>Estates & Capital                                     |
|  |              |               |               | PR             | ECAUTION:        | 5                 |                |                      |                 | iow                         | rks commencing.  |  |
| Smoke/Heat detector minutes after work has   |              |               | oy the Unive  | rsity on t     | he strict und    | erstanding        | that <b>AL</b> | <b>L</b> cover       | s are re        | move                        | d no sooner t  | than 15  |
| Where dust, fume or si   | moke has be  | een severe, 1 | he contract   | or <b>MUST</b> | notify Securi    | ty on <u>0121</u> | 204 480        | <u>3</u> <b>PRIO</b> | <b>R</b> to rei | movin                       | ig 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 pla<br>control dust, fume and v   |              |               |               |                |                  |                   |                |                      |                 |                             |  |  |
|  |              |               |               |                | nnected wi       |                   | rk)            |                      |                 |                             |  |  |
| Name:  |              |               | Position      | :              |                  |                   |                | Conta                | ıct:            |                             |  |  |
|  |              |               | AUTH          | ORISATI        | ON AND A         | CCEPTAN           | CE             |                      |                 |                             |  |  |
| I confirm that I have verifiand the conditions of this   |              |               |               |                |                  |                   |                |                      |                 | irry ou                     | t the work as d  | efined above   |
| Permit Acceptor:   |              |               | Signature:    |                |                  |                   | Valid          | From:                | Time:           |                             | Date:  |  |
| Company:   |              |               | Permit Issuer | :              |                  |                   | Valid          | То:                  | Time:           |                             | Date:  |  |
|  |              |               | HANDRA        | CV DEC         | EIDT AND         | ANCELLA           | ATION!         |                      |                 |                             |  |  |
| I confirm that the activity  | has been cor | mpleted, ched |               |                | erea left secure |                   |                | y condit             | on.             |                             |  |  |
| Permit Acceptor:   |              |               |               | Signati        | ure:             |                   |                |                      | Time:           |                             | Date:  |  |
|  | SECU         | RITY          |               |                |                  | E                 | STATE          | S & CA               | PITAL           | . DEV                       | ELOPMEN  |  |
| I acknowledge receipt of<br>in charge has left the area  |              |               |               |                |                  |                   |                |                      |                 |                             | eted in accordand tidy condition   |  |
|  | Time:        |               | Date:         |                |                  |                   |                |                      | Time:           |                             | Date:  |  |

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| Contractor:  |                            |                                   |  | Permit Ac                            | ceptor:                               |                               |                    |                         |                |                                      | will be/h  | y detectors<br>ave been*   |
|--|----------------------------|-----------------------------------|--|--------------------------------------|---------------------------------------|-------------------------------|--------------------|-------------------------|----------------|--------------------------------------|--|--|
| Building:  |                            |                                   |  | Floor Nun                            | nber:                                 |                               |                    |                         |                |                                      |  | l? (delete as opriate).  |
| Corridor:  |                            |                                   |  | Room Nui                             | mber(s):                              |                               |                    |                         |                |                                      |  |  |
| Job Details (includii<br>reason for need to i<br>smoke/heat detecto  | solate                     |                                   |  |                                      |                                       |                               |                    |                         |                | ND. Th                               | ne Managemen   | e of Hoolth and  |
| Has a suitable and s<br>requiring this permi   |                            | isk assessm                       | ent been ui                                  | ndertake                             | en for the t                          | task                          | 'ES                | Ol                      | NO             | Safety<br>amen<br>five or<br>signifi | at Work Regulated) require the more employed cant findings o | ations 1999 (as<br>at organisations wi<br>es record the<br>fassessments and    |
| Has a method state   | ment beer                  | n undertake                       | en for this to                               | ask?                                 |                                       | (C)                           | 'ES                | O                       | NO             | assess<br>must<br>Devel              | be submitted to<br>opment Depart                             | hily at risk. Risk<br>hod statements<br>Estates & Capital<br>ment in advance o |
|  |                            |                                   |  | PRI                                  | ECAUTIO                               | NS                            |                    |                         |                | works                                | commencing.  |  |
| Smoke/Heat detector<br>minutes after work ha   |                            |                                   | by the Unive                                 | ersity on tl                         | he strict un                          | derstandin                    | g that i           | <b>ALL</b> cover        | s are re       | moved                                | no soonei  | than 15  |
| Where dust, fume or s  | moke has k                 | oeen severe,                      | the contract                                 | or <b>MUST</b>                       | notify Secu                           | ırity on <u>012</u>           | 1 204 4            | 803 <b>PRIO</b>         | <b>R</b> to re | moving                               | any cover  | S.   |
| This permit is only va-<br>end of the working da<br>COVERED overnight U<br>By signing the authori<br>being removed in acco | y. At that ti<br>JNLESS wo | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belo | ust be ret<br>uring tha<br>w, the Co | turned to E<br>t time.<br>ntractor is | states or Se<br>agreeing th   | curity.<br>at shou | Smoke/H<br>uld a fire f | eat deto       | ector he                             | eads <b>MUS</b><br>eed due to                                | <b>NOT</b> remai   |
| What measures are in pl.<br>control dust, fume and v   |                            |                                   |  |                                      |                                       |                               |                    |                         |                |                                      |  |  |
|  |                            |                                   |  |                                      | ENCY CON                              | NTACTS<br>with the w          | ork)               |                         |                |                                      |  |  |
| Name:  |                            |                                   | Position                                     | :                                    |                                       |                               |                    | Conta                   | act:           |                                      |  |  |
|  |                            |                                   | AUTH   | ORISATI                              | ON AND                                | ACCEPTA                       | NCE                |                         |                |                                      |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                            |                                   |  |                                      |                                       |                               |                    |                         |                | arry out t                           | he work as   | defined above  |
| Permit Acceptor:   |                            |                                   | Signature:                                   |                                      |                                       |                               | Vali               | d From:                 | Time:          |                                      | Date   | :  |
| Company:   |                            |                                   | Permit Issuer                                | :                                    |                                       |                               | Vali               | d To:                   | Time:          |                                      | Date   | :  |
|  |                            |                                   | HANDBA                                       | CK, REC                              | EIPT AND                              | CANCELL                       | ATIO               | N .                     |                |                                      |  |  |
| l confirm that the activity  | has been co                | ompleted, che                     | cked by mysel                                | f and the a                          | area left secu                        | ire and in a s                | afe and            | tidy condit             | ion.           |                                      |  |  |
| Permit Acceptor:   |                            |                                   |  | Signatu                              | ure:                                  |                               |                    |                         | Time:          |                                      | Date   | :  |
|  | SECI                       | <u>URITY</u>                      |  |                                      |                                       |                               | <b>ESTA</b>        | TES & CA                | APITAL         | DEVE                                 | LOPMEN   | IT   |
| I acknowledge receipt of<br>in charge has left the are   |                            |                                   |  |                                      |                                       | am satisfied<br>permit and th |                    |                         |                |                                      |  | dance with thi<br>ion.   |
|  | Tim                        | e:                                | Date:  |                                      | 1                                     |                               |                    |                         | Time:          |                                      | Date   | :  |

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| Contractor:  |                                | Perr                    | nit Acceptor:              |                         |                          | How many detectors will be/have been*   |
|--|--------------------------------|-------------------------|----------------------------|-------------------------|--------------------------|---|
| Building:  |                                | Floo                    | or Number:                 |                         |                          | covered? (delete as appropriate).   |
| Corridor:  |                                | Roo                     | m Number(s):               |                         |                          |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto | olate                          | ,                       |                            |                         |                          | NB: The Management of Health and  |
| Has a suitable and su<br>requiring this permit                       |                                | ent been under          | rtaken for the tasl        | YES                     | ○ NO                     | Safety at Work Regulations 1999 (as<br>amended) require that organisations with<br>five or more employees record the<br>significant findings of assessments and |
| Has a method staten  | nent been undertak             | en for this task?       |                            | YES                     | ○ NO                     | identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of           |
|  |                                |                         | PRECAUTIONS                |                         |                          | works commencing.   |
| Smoke/Heat detector h<br>minutes after work has                      |                                | by the University       |                            | rstanding that <b>A</b> | <b>LL</b> covers are rem | noved no sooner than 15   |
| Where dust, fume or sr   | noke has been severe,          | the contractor <b>M</b> | <b>UST</b> notify Security | on <u>0121 204 48</u>   | 803 <b>PRIOR</b> to rem  | oving any covers.   |
|  | v. At that time, <b>ALL</b> co | vers issued must k      | oe returned to Estat       |                         |                          | removal of <b>ALL</b> covers at the ctor heads <b>MUST NOT</b> remain   |
|  |                                |                         |                            |                         |                          | detected due to a cover not<br>age sustained as a result.   |
| What measures are in pla<br>control dust, fume and va                |                                |                         |                            |                         |                          |   |
|  |                                |                         | ERGENCY CONTA              |                         |                          |   |
| Name:  |                                | Position:               |                            |                         | Contact:                 |   |
|  |                                | AUTHORI                 | SATION AND AC              | CEPTANCE                |                          |   |
| I confirm that I have verifi<br>and the conditions of this           |                                |                         |                            |                         |                          | ry out the work as defined above  |
| Permit Acceptor:   |                                | Signature:              |                            | Valid                   | From: Time:              | Date:   |
| Company:   |                                | Permit Issuer:          |                            | Valid                   | Time:                    | Date:   |
|  |                                | LIANDDAGU               | DECEMBER AND CO            | NICELLATION             |                          |   |
| I confirm that the activity  | has been completed, ch         |                         | the area left secure a     |                         |                          |   |
| Permit Acceptor:   |                                | S                       | ignature:                  |                         | Time:                    | Date:   |
|  | <u>SECURITY</u>                |                         |                            | <u>ESTAT</u>            | ES & CAPITAL             | DEVELOPMENT   |
| I acknowledge receipt of t<br>in charge has left the area            |                                |                         |                            |                         |                          | ompleted in accordance with this afe and tidy condition.  |
|  | Time:                          | Date:                   |                            |                         | Time:                    | Date:   |

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|--|--------------|-----------------------------------|--------------------------------|---------------|-------------|--------------|------|-------------------------------------|--------|---|--|--|--|--|--|
| Contractor:  |              |                                   |                                | Permit Ac     | ceptor:     |              |      |                                     |        | How many detectors will be/have been* covered? (delete as |  |  |  |  |  |
| Building:  |              |                                   |                                | Floor Nun     | nber:       |              |      |                                     |        |   |  | l? (delete as opriate).  |  |  |  |
| Corridor:  |              |                                   |                                | Room Nu       | mber(s):    |              |      |                                     |        |   |  |  |  |  |  |
| Job Details (including reason for need to is smoke/heat detectors)   | solate       |                                   |                                |               |             |              |      |                                     |        |   |  |  |  |  |  |
| Has a suitable and su<br>requiring this permit   |              | isk assessm                       | nent been u                    | ndertake      | n for the t | ask O        | /ES  | OI                                  | NO     | Safe<br>ame<br>five<br>sign                               | or more employe  | ations 1999 (as<br>at organisations with<br>es record the<br>f assessments and |  |  |  |
| Has a method stater  | ment bee     | n undertak                        | en for this t                  | ask?          |             | 0)           | /ES  | OI                                  | NO     | asse<br>mus<br>Dev  | essments and met<br>st be submitted to<br>relopment Depart |  |  |  |  |
|  |              |                                   |                                | PR            | ECAUTION    | IS           |      |                                     |        | wor   | ks commencing.   |  |  |  |  |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed.  Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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 <b>ALL</b> covers at the end of the working day. At that time, <b>ALL</b> covers issued must be returned to Estates or Security. Smoke/Heat detector heads <b>MUST NOT</b> remain <b>COVERED</b> overnight <b>UNLESS</b> 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 pla<br>control dust, fume and v   |              |                                   |                                |               |             |              |      |                                     |        |   |  |  |  |  |  |
|  |              |                                   |                                |               | ENCY CON    |              | ork) |                                     |        |   |  |  |  |  |  |
| Name:  |              |                                   | Position                       | :             |             |              |      | Conta                               | act:   |   |  |  |  |  |  |
|  |              |                                   | AUTH                           | ORISATI       | ION AND A   | CCEPTA       | NCE  |                                     |        |   |  |  |  |  |  |
| I confirm that I have verifi<br>and the conditions of this   |              |                                   |                                |               |             |              |      |                                     |        |   | t the work as  | defined above  |  |  |  |
| Permit Acceptor:   |              |                                   | Signature:                     |               |             |              | V    | alid From:                          | Time:  |   | Date   | :  |  |  |  |
| Company:   |              |                                   | Permit Issue                   | <i>"</i> :    |             |              | V    | alid To:                            | Time:  |   | Date   | :  |  |  |  |
|  |              |                                   | <u>HANDB</u> A                 | CK, REC       | EIPT AND    | CANCELI      | LATI | <u>ON</u>                           |        |   |  |  |  |  |  |
| I confirm that the activity  | has been co  | ompleted, che                     |                                |               |             |              |      |                                     | ion.   |   |  |  |  |  |  |
| Permit Acceptor:   |              |                                   |                                | Signatu       | ure:        |              |      |                                     | Time:  |   | Date   | :  |  |  |  |
|  | SEC          | <u>URITY</u>                      |                                |               |             |              | ES1  | ATES & CA                           | APITAI | DEV   | ELOPMEN  | IT   |  |  |  |
| I acknowledge receipt of<br>in charge has left the area  | this form ha | aving been inf<br>d in a safe and | formed that the tidy condition | e person      |             |              |      | the activity have<br>ea left secure |        |   |  | dance with this ion.   |  |  |  |
|  | Tim          | ne.                               | Date:                          |               | 1 1         |              |      |                                     | Time   |   | Date   |  |  |  |  |

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|--|--------------|--------------|----------------|---------------|-----------------|--------------|----------|------------|-------|-----------------------------|---|--|
| Contractor:  |              |              |                | Permit Ac     | ceptor:         |              |          |            |       |                             | will be/ha  | detectors ve been*   |
| Building:  |              |              |                | Floor Nun     | nber:           |              |          |            |       |                             |   | ? (delete as oriate).  |
| Corridor:  |              |              |                | Room Nu       | mber(s):        |              |          |            |       |                             |   |  |
| Job Details (includi<br>reason for need to<br>smoke/heat detect  | isolate      |              |                |               |                 |              |          |            |       |                             |   |  |
| Has a suitable and s<br>requiring this perm  |              | risk assessm | nent been u    | ndertake      | en for the tas  | k OYE        | ES .     | 01         | NO    | Safe<br>ame<br>five<br>sign | The Management of<br>ety at Work Regulat<br>ended) require that<br>or more employee<br>of ficant findings of a<br>nify those especial | ions 1999 (as<br>organisations with<br>s record the<br>assessments and |
| Has a method state   | ment bee     | n undertak   | en for this to | ask?          |                 | ○ YE         | S        | $\bigcirc$ | 10    | asse                        | essments and meth<br>st be submitted to I<br>relopment Departm  | od statements<br>Estates & Capital                                     |
|  |              |              |                | PR            | ECAUTIONS       |              |          |            |       | wor                         | ks commencing.  |  |
| 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       | n:            |                 |              |          | Conta      | ıct:  |                             |   |  |
|  |              |              | AUTH           | ORISATI       | ION AND AC      | CEPTAN       | ICE      |            |       |                             |   |  |
| I confirm that I have veri<br>and the conditions of th   |              |              | n and ensured  | that the ne   | ecessary precau | tions have l | been tak |            |       | arry ou                     | t the work as d   | efined above   |
| Permit Acceptor:   |              |              | Signature:     |               |                 |              | Valid    | From:      | Time: |                             | Date:   |  |
| Company:   |              |              | Permit Issue   | r:            |                 |              | Valid    | То:        | Time: |                             | Date:   |  |
|  |              |              | HANDRA         | CK. RFC       | EIPT AND C      | ANCELL A     | NOITA    |            |       |                             |   |  |
| I confirm that the activity  | y has been c | ompleted, ch |                |               |                 |              |          | dy condit  | on.   |                             |   |  |
| Permit Acceptor:   |              |              |                | Signati       | ure:            |              |          |            | Time: |                             | Date:   |  |
|  | SEC          | <u>URITY</u> |                |               |                 | E            | STATI    | ES & CA    | PITAL | DEV                         | ELOPMENT  | [  |
| I acknowledge receipt of<br>in charge has left the are   |              |              |                |               |                 |              |          |            |       |                             | eted in accordand tidy condition  |  |
|  | Tim          | ne:          | Date:          |               |                 |              |          |            | Time: |                             | Date:   |  |

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|--|---|---------------------------------------|-------|---------------|----------------|-------------|-------------|----------------|--------|----------------|---------------|------------------------|--|--|
| Contractor:  |   |                                       |       |               | Permit Ac      | ceptor:     |             |                |        |                |               |                        | will   | many detectors<br>be/have been*  |
| Building:  |   |                                       |       |               | Floor Num      | nber:       |             |                |        |                |               |                        | CO   | vered? (delete as appropriate).  |
| Corridor:  |   |                                       |       |               | Room Nur       | mber(s):    |             |                |        |                |               |                        |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto   | solate  |                                       |       |               |                |             |             |                |        |                |               |                        |  |  |
| Has a suitable and su<br>requiring this permit   |   | risk assessm                          | nen   | t been ur     | ndertake       | n for the t | ask         | ○ YE           | :S     | $\bigcirc$ l   | 10            | Sa<br>an<br>fiv<br>siç | fety at Wo<br>nended) re<br>e or more<br>gnificant fii | agement of Health and<br>rk Regulations 1999 (as<br>quire that organisations with<br>employees record the<br>ndings of assessments and<br>e especially at risk. Risk |
| Has a method staten  | nent be   | en undertak                           | en    | for this ta   | sk?            |             |             | ○ YE           | S      | $\bigcirc$ 1   | 10            | as<br>m<br>De          | sessments<br>ust be sub<br>evelopmen                   | and method statements<br>mitted to Estates & Capital<br>t Department in advance of   |
|  |   |                                       |       |               | PRI            | ECAUTIO     | NS          |                |        |                |               | W                      | orks comm  | encing.  |
| minutes after work has   | moke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 ninutes after work has completed.  Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> to removing any covers.                          |                                       |       |               |                |             |             |                |        |                |               |                        |  |  |
| Where dust, fume or sr   | noke has  | been severe,                          | , the | e contracto   | or <b>MUST</b> | notify Secເ | rity o      | on <u>0121</u> | 204 48 | 03 <b>PRIO</b> | <b>R</b> to r | emovi                  | ng any   | covers.  |
| end of the working day   | nis 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 ad of the working day. At that time, ALL covers issued must be returned to Estates or Security. Smoke/Heat detector heads MUST NOT remain OVERED overnight UNLESS work is being undertaken during that time. |                                       |       |               |                |             |             |                |        |                |               |                        |  |  |
| By signing the authoris<br>being removed in acco   |   |                                       |       |               |                |             |             |                |        |                |               |                        |  |  |
| What measures are in pla<br>control dust, fume and va  |   |                                       |       |               |                |             |             |                |        |                |               |                        |  |  |
|  |   |                                       |       |               | EMERGE         | NCY CON     | ITA         | CTS            |        |                |               |                        |  |  |
|  |   |                                       |       |               |                | nnected v   |             |                | rk)    |                |               |                        |  |  |
| Name:  |   |                                       |       | Position:     |                |             |             |                |        | Conta          | ıct:          |                        |  |  |
|  |   |                                       |       | ΔΙΙΤΗ         | ) RISATI       | ON AND      | <b>۵</b> ۲۲ | FDTAN          | CF     |                |               |                        |  |  |
| Land Company of the Aller of the Company of Company of the Company |   | · · · · · · · · · · · · · · · · · · · |       |               |                |             |             |                |        | 16.5           | · ( - 1 -     |                        |  | and an electrical all and  |
| I confirm that I have verifi<br>and the conditions of this   |   |                                       |       |               |                |             |             |                |        |                |               |                        | ut the w   | ork as defined above   |
| Permit Acceptor:   |   |                                       | Sig   | gnature:      |                |             |             |                | Valid  | From:          | Time          | :                      |  | Date:  |
| Company:   |   |                                       | Pe    | ermit Issuer: |                |             |             |                | Valid  | То:            | Time          | :                      |  | Date:  |
|  |   |                                       | F     | HANDBAG       | CK. RFC        | EIPT AND    | CAI         | NCELL 4        | ATION  |                |               |                        |  |  |
| I confirm that the activity  | has been  | completed, che                        |       |               |                |             |             |                |        | dy conditi     | on.           |                        |  |  |
| Permit Acceptor:   |   |                                       |       |               | Signatu        | ıre:        |             |                |        |                | Time          | :                      |  | Date:  |
|  | SEC   | CURITY                                |       |               |                |             |             | E              | STAT   | ES & CA        | PITA          | AL DE                  | VELOP  | MENT   |
| I acknowledge receipt of in charge has left the area   |   |                                       |       |               |                |             |             |                |        |                |               |                        |  | accordance with this condition.  |
|  | т:  | mai                                   |       | Data          |                |             |             |                |        |                | Time          |                        |  | Datos  |

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| Contractor:  |              |              |                | Permit Ac     | ceptor:         |              |          |            |       |                             | will be/ha  | detectors ve been*   |
| Building:  |              |              |                | Floor Nun     | nber:           |              |          |            |       |                             |   | ? (delete as oriate).  |
| Corridor:  |              |              |                | Room Nu       | mber(s):        |              |          |            |       |                             |   |  |
| Job Details (includi<br>reason for need to<br>smoke/heat detect  | isolate      |              |                |               |                 |              |          |            |       |                             |   |  |
| Has a suitable and s<br>requiring this perm  |              | risk assessm | nent been u    | ndertake      | en for the tas  | k OYE        | ES .     | 01         | NO    | Safe<br>ame<br>five<br>sign | The Management of<br>ety at Work Regulat<br>ended) require that<br>or more employee<br>of ficant findings of a<br>nify those especial | ions 1999 (as<br>organisations with<br>s record the<br>assessments and |
| Has a method state   | ment bee     | n undertak   | en for this to | ask?          |                 | ○ YE         | S        | $\bigcirc$ | 10    | asse                        | essments and meth<br>st be submitted to I<br>relopment Departm  | od statements<br>Estates & Capital                                     |
|  |              |              |                | PR            | ECAUTIONS       |              |          |            |       | wor                         | ks commencing.  |  |
| 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       | n:            |                 |              |          | Conta      | ıct:  |                             |   |  |
|  |              |              | AUTH           | ORISATI       | ION AND AC      | CEPTAN       | ICE      |            |       |                             |   |  |
| I confirm that I have veri<br>and the conditions of th   |              |              | n and ensured  | that the ne   | ecessary precau | tions have l | been tak |            |       | arry ou                     | t the work as d   | efined above   |
| Permit Acceptor:   |              |              | Signature:     |               |                 |              | Valid    | From:      | Time: |                             | Date:   |  |
| Company:   |              |              | Permit Issue   | r:            |                 |              | Valid    | То:        | Time: |                             | Date:   |  |
|  |              |              | HANDRA         | CK. RFC       | EIPT AND C      | ANCELL A     | NOITA    |            |       |                             |   |  |
| I confirm that the activity  | y has been c | ompleted, ch |                |               |                 |              |          | dy condit  | on.   |                             |   |  |
| Permit Acceptor:   |              |              |                | Signati       | ure:            |              |          |            | Time: |                             | Date:   |  |
|  | SEC          | <u>URITY</u> |                |               |                 | E            | STATI    | ES & CA    | PITAL | DEV                         | ELOPMENT  | [  |
| I acknowledge receipt of<br>in charge has left the are   |              |              |                |               |                 |              |          |            |       |                             | eted in accordand tidy condition  |  |
|  | Tim          | ne:          | Date:          |               |                 |              |          |            | Time: |                             | Date:   |  |

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|--|--|--|--|--|---|---|--------------------------------------|---|----------------------------------|-----------------------------|---|---|
| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector l    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
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|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
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| Contractor:   |   |                                   |   | Permit Ac                           | cceptor:                                |                     |              |                                       |                | v  | vill be/ha                       | detectors<br>ve been*   |
| Building:   |   |                                   |   | Floor Nur                           | mber:                                   |                     |              |                                       |                |  | covered:<br>approp               | ' (delete as<br>oriate).  |
| Corridor:   |   |                                   |   | Room Nu                             | mber(s):                                |                     |              |                                       |                |  |                                  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | solate  |                                   |   |                                     |   |                     |              |                                       |                | ND T   |                                  |   |
| Has a suitable and su<br>requiring this permit  |   | isk assessm                       | ent been ur                                   | ndertake                            | en for the                              | task                | YES          | 5 0                                   | NO             | Safety at<br>amended<br>five or mosignificar | ore employee<br>nt findings of a | ions 1999 (as<br>organisations with<br>s record the<br>issessments and    |
| Has a method staten   | nent bee  | n undertake                       | en for this ta                                | ask?                                |   |                     | YES          | 5 0                                   | NO             | assessme<br>must be s<br>Developr            | submitted to I                   | y at risk. Risk<br>od statements<br>states & Capital<br>ent in advance of |
|   |   |                                   |   | PR                                  | <b>ECAUTIO</b>                          | <u>NS</u>           |              |                                       |                |  |                                  |   |
| Smoke/Heat detector I<br>minutes after work has   | complete  | ed.                               | •   | ŕ                                   |   |                     | _            |                                       |                |  |                                  |   |
| Where dust, fume or sr  | noke has l                                      | oeen severe,                      | the contract                                  | or <b>MUST</b>                      | notify Secu                             | urity on <u>0</u>   | 121 2        | 204 4803 <b>PRIC</b>                  | <b>R</b> to re | moving a                                     | ny covers                        |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris<br>being removed in acco | y. At that t<br>I <b>NLESS</b> wo<br>sation and | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belov | ust be re<br>uring tha<br>w, the Co | turned to E<br>at time.<br>ontractor is | estates or agreeing | Secu<br>that | rity. Smoke/H<br>should a fire t      | eat dete       | ector head                                   | ds <b>MUST</b><br>d due to a     | <b>NOT</b> remain cover not   |
| What measures are in pla<br>control dust, fume and va   |   |                                   |   |                                     |   |                     |              |                                       |                |  |                                  |   |
|   |   |                                   |   |                                     | ency col                                |                     | wor          | k)                                    |                |  |                                  |   |
| Name:   |   |                                   | Position                                      | :                                   |   |                     |              | Cont                                  | act:           |  |                                  |   |
|   |   |                                   | AUTH  | ORISAT                              | ION AND                                 | ACCEPT              | ANG          | <u>CE</u>                             |                |  |                                  |   |
| I confirm that I have verifi<br>and the conditions of this  |   |                                   |   |                                     |   |                     |              |                                       |                | arry out the                                 | work as d                        | efined above  |
| Permit Acceptor:  |   |                                   | Signature:                                    |                                     |   |                     |              | Valid From:                           | Time:          |  | Date:                            |   |
| Company:  |   |                                   | Permit Issuer                                 | :                                   |   |                     |              | Valid To:                             | Time:          |  | Date:                            |   |
|   |   |                                   | HANDBA  | CK, REC                             | EIPT AND                                | CANCE               | LLA          | TION                                  |                |  |                                  |   |
| I confirm that the activity   | has been c                                      | ompleted, che                     | cked by mysel                                 | f and the a                         | area left secu                          | ure and in a        | a safe       | and tidy condi                        | tion.          |  |                                  |   |
| Permit Acceptor:  |   |                                   |   | Signat                              | ure:                                    |                     |              |                                       | Time:          |  | Date:                            |   |
|   |   | <u>URITY</u>                      |   |                                     |   |                     |              | STATES & C                            |                |  |                                  |   |
| I acknowledge receipt of in charge has left the area  |   |                                   |   |                                     |   |                     |              | at the activity h<br>area left secure |                |  |                                  |   |
|   | Tim   | e:                                | Date:   |                                     |   |                     |              |                                       | Time:          |  | Date:                            |   |

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|--|---|---------------|----------------|---------------|-------------|--------------|------|-------------------------------------|--------|-----------------------------|--|--|--|--|
| Contractor:  |   |               |                | Permit Ac     | ceptor:     |              |      |                                     |        |                             | How many detectors will be/have been*                      |  |  |  |
| Building:  |   |               |                | Floor Nun     | nber:       |              |      |                                     |        |                             |  | l? (delete as opriate).  |  |  |
| Corridor:  |   |               |                | Room Nu       | mber(s):    |              |      |                                     |        |                             |  |  |  |  |
| Job Details (including reason for need to is smoke/heat detectors)   | solate  |               |                |               |             |              |      |                                     |        |                             |  |  |  |  |
| Has a suitable and su<br>requiring this permit   |   | isk assessm   | nent been u    | ndertake      | n for the t | ask O        | /ES  | OI                                  | NO     | Safe<br>ame<br>five<br>sign | or more employe  | ations 1999 (as<br>at organisations with<br>es record the<br>f assessments and |  |  |
| Has a method stater  | ment bee  | n undertak    | en for this t  | ask?          |             | 0)           | /ES  | OI                                  | NO     | asse<br>mus<br>Dev          | essments and met<br>st be submitted to<br>relopment Depart |  |  |  |
|  |   |               |                | PR            | ECAUTION    | IS           |      |                                     |        | wor                         | ks commencing.   |  |  |  |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed.  Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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 <b>ALL</b> covers at the end of the working day. At that time, <b>ALL</b> covers issued must be returned to Estates or Security. Smoke/Heat detector heads <b>MUST NOT</b> remain <b>COVERED</b> overnight <b>UNLESS</b> 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 pla<br>control dust, fume and v   |   |               |                |               |             |              |      |                                     |        |                             |  |  |  |  |
|  |   |               |                |               | ENCY CON    |              | ork) |                                     |        |                             |  |  |  |  |
| Name:  |   |               | Position       | :             |             |              |      | Conta                               | act:   |                             |  |  |  |  |
|  |   |               | AUTH           | ORISATI       | ION AND A   | CCEPTA       | NCE  |                                     |        |                             |  |  |  |  |
| I confirm that I have verifi<br>and the conditions of this   |   |               |                |               |             |              |      |                                     |        |                             | t the work as  | defined above  |  |  |
| Permit Acceptor:   |   |               | Signature:     |               |             |              | V    | alid From:                          | Time:  |                             | Date   | :  |  |  |
| Company:   |   |               | Permit Issue   | <i>"</i> :    |             |              | V    | alid To:                            | Time:  |                             | Date   | :  |  |  |
|  |   |               | <u>HANDB</u> A | CK, REC       | EIPT AND    | CANCELI      | LATI | <u>ON</u>                           |        |                             |  |  |  |  |
| I confirm that the activity  | has been co   | ompleted, che |                |               |             |              |      |                                     | ion.   |                             |  |  |  |  |
| Permit Acceptor:   |   |               |                | Signatu       | ure:        |              |      |                                     | Time:  |                             | Date   | :  |  |  |
|  | SEC   | <u>URITY</u>  |                |               |             |              | ES1  | ATES & CA                           | APITAI | DEV                         | ELOPMEN  | IT   |  |  |
| I acknowledge receipt of in charge has left the area   | icknowledge receipt of this form having been informed that the perso<br>charge has left the area secure and in a safe and tidy condition. |               |                |               |             |              |      | the activity have<br>ea left secure |        |                             |  | dance with this ion.   |  |  |
|  | Time: Date:   |               |                |               |             |              |      |                                     | Time   |                             | Date   |  |  |  |

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| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
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|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
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| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
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|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
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|--|---|--|---|---|---|---|----------------|--|---------------------|------------------------------------|--|---|
| Contractor:  |   |  |   | Permit Acc  | ceptor:   |   |                |  |                     |                                    | will be/h  | ny detectors<br>nave been*  |
| Building:  |   |  |   | Floor Num   | nber:   |   |                |  |                     |                                    |  | d? (delete as opriate).   |
| Corridor:  |   |  |   | Room Nur  | mber(s):  |   |                |  |                     |                                    |  |   |
| Job Details (includir<br>reason for need to is<br>smoke/heat detecto   | solate  |  |   |   |   |   |                |  |                     |                                    |  |   |
| Has a suitable and surequiring this permi  |   | isk assessm  | ient been ui  | ndertake  | n for the t   | ask 0   | /ES            | 0  | NO                  | Safety<br>amen<br>five o<br>signif | oat Work Regul<br>ded) require the<br>r more employ-<br>icant findings c | f assessments and   |
| Has a method stater  | nent beer   | า undertak   | en for this to  | ask?  |   | 0)  | /ES            | 0  | NO                  | asses:<br>must                     | ments and me<br>be submitted t   | ally at risk. Risk<br>thod statements<br>o Estates & Capital<br>tment in advance of |
|  |   |  |   | DRF   | CAUTIO  | VS.   |                |  |                     | works                              | commencing.  |   |
| Where dust, fume or significant of the working day COVERED overnight USBy signing the authorist being removed in account of the working day what measures are in placed on the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working day and was a significant of the wore | Ilid for one<br>y. At that ti<br>INLESS wo<br>sation and<br>ordance wir | e 24hr perio<br>ime, ALL cov<br>ork is being u<br>acceptance | ed and it is a devers issued mundertaken describen belowing in the section belowion form, the | condition<br>ust be ret<br>uring that<br>w, the Cor<br>contractor | of issue th<br>urned to E<br>t time.<br>ntractor is a<br>or will be h | at the perso<br>states or Se<br>agreeing th<br>eld liable f | on in cecurity | :harge ens<br>. Smoke/H<br>ould a fire f | ures the<br>eat det | e removector he                    | ral of <b>ALL</b> eads <b>MUS</b>  | covers at the <b>F NOT</b> remain a cover not                                       |
| Name:  |   |  | Position  | :   |   |   |                | Cont                                     | act:                |                                    |  |   |
|  |   |  | AUTH  | ORISATI   | ON AND  | ACCEPTA   | NCE            | <u> </u>                                 |                     |                                    |  |   |
| I confirm that I have verifi<br>and the conditions of this   |   |  | n and ensured   | that the ne   | cessary pred  | autions hav   | e been         |  |                     | arry out                           | the work as  | defined above   |
| Permit Acceptor:   |   | on form have   | Signature:  | ed to all wol   | TREES HIVOIVE   |   |                | lid From:                                | Time:               |                                    | Date   | ::  |
| Company:   |   |  | Permit Issuer   | :   |   |   | Va             | lid To:                                  | Time:               |                                    | Date   | ::  |
|  |   |  | HANDBA  | CK. RFC   | FIPT AND  | CANCELI   | ATIC           | )N                                       |                     |                                    |  |   |
| I confirm that the activity  | has been co   | ompleted, che  |   |   |   |   |                |  | ion.                |                                    |  |   |
| Permit Acceptor:   |   |  |   | Signatu   | ıre:  |   |                |  | Time:               |                                    | Date   | ::  |
|  |   | <u>JRITY</u>   |   |   |   |   |                | ATES & CA                                |                     |                                    |  |   |
| l acknowledge receipt of<br>in charge has left the area  |   |  |   |   |   | am satisfied<br>ermit and tl                                |                |  |                     |                                    |  | dance with this<br>ion.   |
|  | Time  | e:   | Date:   |   |   |   |                |  | Time:               |                                    | Date   | :   |

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| Aston University  |           |                   | <u></u>       | <i></i> , <u>, , , , , , , , , , , , , , , , , , </u> |                 | <del></del>      |        |                                     |                 |                             |  |  |
|---|-----------|-------------------|---------------|---|-----------------|------------------|--------|-------------------------------------|-----------------|-----------------------------|--|--|
| Contractor:   |           |                   |               | Permit Ac   | cceptor:        |                  |        |                                     |                 |                             | will be/h  | y detectors<br>ave been*   |
| Building:   |           |                   |               | Floor Nur   | mber:           |                  |        |                                     |                 |                             |  | ? (delete as priate).  |
| Corridor:   |           |                   |               | Room Nu   | mber(s):        |                  |        |                                     |                 |                             |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate     |                   |               |   |                 |                  |        |                                     |                 |                             |  |  |
| Has a suitable and su<br>requiring this permit  |           | risk assessm      | ent been ur   | ndertake  | en for the ta   | ask O            | YES    | O                                   | NO              | Safe<br>ame<br>five<br>sign | or more employe<br>ificant findings of   | tions 1999 (as<br>t organisations with<br>es record the<br>assessments and |
| Has a method staten   | nent bee  | en undertake      | n for this ta | isk?  |                 | 0                | YES    | 0                                   | NO              | asse<br>mus<br>Dev          | ntify those especial<br>essments and met<br>st be submitted to<br>relopment Departicular<br>ks commencing. | nod statements   |
|   |           |                   |               | PR  | <b>ECAUTION</b> | I <u>S</u>       |        |                                     |                 | ****                        | commencing.  |  |
| Smoke/Heat detector I<br>minutes after work has   |           |                   | by the Unive  |   |                 |                  | ng th  | nat <b>ALL</b> covei                | s are re        | move                        | d no sooner  | than 15  |
| Where dust, fume or sr  | noke has  | been severe,      | the contracto | or <b>MUST</b>  | notify Secur    | ity on <u>01</u> | 21 20  | <u>04 4803</u> <b>PRIC</b>          | <b>R</b> to rei | movin                       | g any cover  | 5.   |
| 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 acco   | ordance w | vith this isolati | on form, the  | Contract  | tor will be he  | eld liable       | for a  | ny loss, injur                      | y or dan        | nage s                      | sustained as   | a result.  |
| What measures are in pla<br>control dust, fume and va   |           |                   |               |   |                 |                  |        |                                     |                 |                             |  |  |
|   |           |                   |               |   | ENCY CON        |                  |        |                                     |                 |                             |  |  |
|   |           |                   | (Perso        | n not co  | nnected w       | ith the v        | vork   | <u> </u>                            |                 |                             |  |  |
| Name:   |           |                   | Position      | :   |                 |                  |        | Conta                               | act:            |                             |  |  |
|   |           |                   | AUTH          | ORISAT  | ION AND A       | CCEPT            | ANC    | <u>E</u>                            |                 |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this  |           |                   |               |   |                 |                  |        |                                     |                 | arry out                    | t the work as  | defined above  |
| Permit Acceptor:  |           |                   | Signature:    |   |                 |                  |        | Valid From:                         | Time:           |                             | Date   |  |
| Company:  |           |                   | Permit Issuer | :   |                 |                  |        | Valid To:                           | Time:           |                             | Date   |  |
|   |           |                   | HANDBA        | CK, REC   | EIPT AND        | CANCEL           | LA1    | <u> </u>                            |                 |                             |  |  |
| I confirm that the activity   | has been  | completed, che    | cked by mysel | f and the a   | area left secur | e and in a       | safe a | and tidy condit                     | ion.            |                             |  |  |
| Permit Acceptor:  |           |                   |               | Signati   | ure:            |                  |        |                                     | Time:           |                             | Date   |  |
| Tariman lad   |           | URITY             |               |   |                 |                  |        | TATES & C                           |                 |                             |  |  |
| I acknowledge receipt of in charge has left the area  |           |                   |               |   |                 |                  |        | t the activity h<br>rea left secure |                 |                             |  |  |
|   | Tin       | ne:               | Date:         |   |                 |                  | _      |                                     | Time:           |                             | Date   |  |

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| riscon Oniversity  |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|--|--|--|--|--|---|---|--------------------------------------|---|----------------------------------|-----------------------------|---|---|
| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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#### **SMOKE/HEAT DETECTOR**

REF: 0019

| Aston University   |            |                      | <u>13</u>     | <u>OLA II</u>  | <u>ON FO</u>  | <u>VINI</u>        |       |  |                 |                             |                                    |   |
|--|------------|----------------------|---------------|----------------|---------------|--------------------|-------|--|-----------------|-----------------------------|------------------------------------|---|
| Contractor:  |            |                      |               | Permit Ac      | ceptor:       |                    |       |  |                 |                             | will be/l                          | ny detectors<br>nave been*<br>d? (delete as                                       |
| Building:  |            |                      |               | Floor Num      | nber:         |                    |       |  |                 |                             |                                    | opriate).   |
| Corridor:  |            |                      |               | Room Nur       | mber(s):      |                    |       |  |                 |                             |                                    |   |
| Job Details (includir<br>reason for need to is<br>smoke/heat detecto   | solate     |                      |               |                |               |                    |       |  |                 |                             |                                    |   |
| Has a suitable and so<br>requiring this permi                          |            | risk assessm         | ent been u    | ndertake       | n for the t   | ask O              | 'ES   | С  | NO              | Safe<br>ame<br>five<br>sign | or more employ                     | lations 1999 (as<br>nat organisations wit<br>ees record the<br>of assessments and |
| Has a method stater  | ment bee   | en undertake         | en for this t | ask?           |               | OY                 | 'ES   | С  | NO              | asse                        | ssments and me<br>t be submitted t | ethod statements<br>to Estates & Capital<br>tment in advance o                    |
|  |            |                      |               | DDI            | ECAUTIO       | NC                 |       |  |                 | wor                         | ks commencing.                     |   |
| Smoke/Heat detector l  | head cov   | are are issued       | by the Unive  |                |               |                    | a +k  | nat ALL cove                               | are aro r       | emove                       | d no soons                         | r than 15   |
| minutes after work has   |            |                      | by the Unive  | ersity Off th  | ie suict un   | ucisianulli        | y ti  | iat ALL COVE                               | ers are f       | CHIOVE                      | a 110 30011E                       | 1 (11011 13   |
| Where dust, fume or si   | moke has   | been severe,         | the contract  | or <b>MUST</b> | notify Secu   | rity on <u>012</u> | 1 20  | 04 4803 <b>PRI</b>                         | <b>OR</b> to re | emovin                      | g any cove                         | rs.   |
| This permit is only va<br>end of the working da<br>COVERED overnight U | y. At that | time, <b>ALL</b> cov | ers issued m  | nust be ret    | urned to E    |                    |       |  |                 |                             |                                    |   |
| By signing the authoring the being removed in acco                     |            |                      |               |                |               |                    |       |  |                 |                             |                                    |   |
| What measures are in pla<br>control dust, fume and v                   |            |                      |               |                |               |                    |       |  |                 |                             |                                    |   |
|  |            |                      |               |                | NCY CON       |                    | ر اید | A)   |                 |                             |                                    |   |
|  |            |                      | (Perso        | on not co      | nnected v     | vith the w         | ork   | ;)<br>==================================== |                 |                             |                                    |   |
| Name:  |            |                      | Position      | n:             |               |                    |       | Con  | tact:           |                             |                                    |   |
|  |            |                      | AUTH          | ORISATI        | ON AND        | ACCEPTA            | NC    | <u>E</u>                                   |                 |                             |                                    |   |
| confirm that I have verifiand the conditions of this                   |            |                      |               |                |               |                    |       |  |                 |                             | the work as                        | defined above   |
| Permit Acceptor:   |            |                      | Signature:    |                |               |                    | ١     | Valid From:                                | : Time:         |                             | Date                               | e:  |
| Company:   |            |                      | Permit Issue  | r:             |               |                    | ľ     | Valid To:                                  | Time:           |                             | Date                               | e:  |
|  |            |                      | HANDBA        | CK, RECI       | EIPT AND      | CANCELL            | .AT   | <u> ION</u>                                |                 |                             |                                    |   |
| confirm that the activity  | has been   | completed, che       | cked by myse  | lf and the a   | rea left secu | re and in a s      | afe a | and tidy cond                              | ition.          |                             |                                    |   |
| Permit Acceptor:   |            |                      |               | Signatu        | ure:          |                    |       |  | Time:           |                             | Date                               | e:  |
|  | SEC        | URITY                |               |                |               |                    | ES    | TATES & C                                  | APITA           | L DEV                       | ELOPME                             | NT  |
| l acknowledge receipt of in charge has left the area                   |            |                      |               |                |               |                    |       | t the activity<br>rea left secure          |                 |                             |                                    | dance with this<br>tion.  |
|  | Tir        | ne:                  | Date:         |                |               |                    |       |  | Time:           |                             | Date                               | e:  |

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| Aston University  |           |                      | <u></u>       | <u> </u>       | <u> </u>       |                   |          |                    |                      |                 |  |                             |  |
|---|-----------|----------------------|---------------|----------------|----------------|-------------------|----------|--------------------|----------------------|-----------------|--|-----------------------------|--|
| Contractor:   |           |                      |               | Permit Ac      | ceptor:        |                   |          |                    |                      |                 |  | will be/h                   | y detectors<br>ave been*   |
| Building:   |           |                      |               | Floor Nun      | nber:          |                   |          |                    |                      |                 |  |                             | ? (delete as priate).  |
| Corridor:   |           |                      |               | Room Nu        | mber(s):       |                   |          |                    |                      |                 |  |                             |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto    | solate    |                      |               |                |                |                   |          |                    |                      |                 |  |                             |  |
| Has a suitable and su<br>requiring this permit                          |           | risk assessm         | ent been u    | ndertake       | en for the     | task              | YE       | S                  | $\bigcirc$ 1         | 10              | Safety a<br>amendo<br>five or r<br>significa | more employe                | tions 1999 (as<br>t organisations with<br>es record the<br>assessments and |
| Has a method staten   | nent be   | en undertake         | en for this t | ask?           |                |                   | ) YE     | S                  | $\bigcirc$ l         | 10              | must be<br>Develo                            | e submitted to              | nod statements<br>Estates & Capital<br>ment in advance of                  |
|   |           |                      |               | PR             | ECAUTIO        | NS                |          |                    |                      |                 | WOIKS  | commencing.                 |  |
| Smoke/Heat detector h<br>minutes after work has                         |           |                      | by the Unive  | ersity on t    | he strict un   | derstand          | ding     | that <b>AL</b>     | <b>L</b> cover       | are re          | moved r                                      | no sooner                   | than 15  |
| Where dust, fume or sr  | noke has  | s been severe,       | the contract  | or <b>MUST</b> | notify Secu    | ırity on <u>(</u> | )121     | 204 480            | <u>3</u> <b>PRIO</b> | <b>R</b> to rer | noving a                                     | any cover                   | 5.   |
| This permit is only va<br>end of the working day<br>COVERED overnight U | . At that | time, <b>ALL</b> cov | ers issued m  | nust be ret    | turned to E    |                   |          |                    |                      |                 |  |                             |  |
| By signing the authoris<br>being removed in acco                        |           |                      |               |                |                |                   |          |                    |                      |                 |  |                             |  |
| What measures are in pla<br>control dust, fume and va                   |           |                      |               |                |                |                   |          |                    |                      |                 |  |                             |  |
|   |           |                      |               | EMERGI         | ENCY CON       | NTACTS            | <u> </u> |                    |                      |                 |  |                             |  |
|   |           |                      | (Perso        | on not co      | nnected v      | with the          | wor      | ·k)                |                      |                 |  |                             |  |
| Name:   |           |                      | Position      | n:             |                |                   |          |                    | Conta                | ct:             |  |                             |  |
|   |           |                      | AUTH          | ORISATI        | ON AND         | ACCEP             | ΓΑΝ      | <u>CE</u>          |                      |                 |  |                             |  |
| I confirm that I have verifi<br>and the conditions of this              |           |                      |               |                |                |                   |          |                    |                      |                 | rry out th                                   | ne work as                  | defined above  |
| Permit Acceptor:  |           |                      | Signature:    |                |                |                   |          | Valid              | From:                | Time:           |  | Date                        |  |
| Company:  |           |                      | Permit Issue  | r:             |                |                   |          | Valid <sup>-</sup> | Го:                  | Time:           |  | Date                        |  |
|   |           |                      | HANDBA        | CK, REC        | EIPT AND       | CANCI             | LLA      | TION               |                      |                 |  |                             |  |
| I confirm that the activity   | has been  | completed, che       | cked by myse  | If and the a   | area left secu | ire and in        | a safe   | e and tid          | y conditi            | on.             |  |                             |  |
| Permit Acceptor:  |           |                      |               | Signati        | ure:           |                   |          |                    |                      | Time:           |  | Date                        |  |
|   | SEC       | CURITY               |               |                |                |                   | E        | STATE              | S & CA               | PITAL           | . DEVE                                       | LOPMEN                      | T  |
| I acknowledge receipt of t<br>in charge has left the area               |           |                      |               |                |                |                   |          |                    |                      |                 |  | ed in accord<br>tidy condit | ance with this<br>on.  |
|   | т:        | mo                   | Dato          |                | 1              |                   |          |                    |                      | Timo            |  | Data                        |  |

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| Aston University   |  |  | <u></u>                                   | <u> </u>  |  | <del></del>   |                       |  |  |                               |                                       |   |   |  |
|--|--|--|---|---|--|---|-----------------------|--|--|-------------------------------|---------------------------------------|---|---|--|
| Contractor:  |  |  |   | Permit Ac   | ceptor:  |   |                       |  |  |                               |                                       | will b  | e/hav   | detectors<br>e been*   |
| Building:  |  |  |   | Floor Nun   | nber:  |   |                       |  |  |                               |                                       |   | ered? (<br>appropri                                       | delete as<br>ate).   |
| Corridor:  |  |  |   | Room Nu   | mber(s):   |   |                       |  |  |                               |                                       |   |   |  |
| Job Details (includir<br>reason for need to is<br>smoke/heat detecto   | solate   |  |   |   |  |   |                       |  |  |                               | ·                                     |   |   |  |
| Has a suitable and su<br>requiring this permi  |  | risk assessr   | nent been u                               | ndertake  | en for the t   | ask   | YES                   | <u> </u>                                 | $\bigcirc$ N                                     | NO                            | Saf<br>am<br>five<br>sig              | or more em  | Regulation<br>lire that or<br>oployees re<br>ings of asse | is 1999 (as<br>ganisations with<br>ecord the<br>essments and |
| Has a method stater  | nent be  | en undertal  | en for this t                             | ask?  |  | 0   | YES                   | 5  | $\bigcirc$ l                                     | 10                            | ass<br>mu<br>De                       | essments an<br>st be submit<br>velopment D                  | d method<br>tted to Esta<br>Departmen                     |  |
|  |  |  |   | PR  | ECAUTION   | IS  |                       |  |  |                               | wo                                    | rks commen  | cing.   |  |
| Smoke/Heat detector I minutes after work has Where dust, fume or so This permit is only valend of the working day COVERED overnight UBy signing the authoris being removed in acco | moke has  lid for or  y. At that  INLESS v  sation an  ordance v | ted. s been severe ne 24hr peri time, ALL co work is being ad acceptance | od and it is a overs issued mundertaken c | tor <b>MUST</b> condition  nust be refuluring tha  ow, the Co | notify Secu<br>of issue that<br>turned to Es<br>t time.<br>ntractor is a | rity on <u>01.2</u><br>It the pers<br>tates or Si<br>greeing tl | 21 2<br>son i<br>ecui | :04 480<br>in char<br>rity. Sm<br>should | 3 <b>PRIO</b><br>ge ensu<br>noke/He<br>a fire fa | <b>R</b> to reures the eat de | emovir<br>e remo<br>tector<br>oe dete | ng any co<br>oval of <b>A</b><br>heads <b>M</b><br>octed du | overs.<br>ILL cov<br>IUST N                               | ers at the<br><b>OT</b> remain<br>over not                   |
|  |  |  | /D  |   | ENCY CON   |   | 1                     | ۸  |  |                               |                                       |   |   |  |
|  |  |  | (Perso                                    | on not co   | nnected w  | ith the w   | vor                   | <b>〈</b> )                               |  |                               |                                       |   |   |  |
| Name:  |  |  | Position                                  | n:  |  |   |                       |  | Conta  | ıct:                          |                                       |   |   |  |
|  |  |  | AUTH                                      | ORISATI   | ION AND /  | ACCEPT A  | NC                    | <u>:E</u>                                |  |                               |                                       |   |   |  |
| I confirm that I have verifi<br>and the conditions of this   |  |  |   |   |  |   |                       |  |  |                               |                                       | t the wor   | k as def  | ined above   |
| Permit Acceptor:   |  |  | Signature:                                |   |  |   |                       | Valid I                                  | rom:   | Time:                         |                                       |   | Date:   |  |
| Company:   |  |  | Permit Issue                              | r:  |  |   |                       | Valid <sup>-</sup>                       | Го:  | Time:                         |                                       |   | Date:   |  |
|  |  |  | HANDBA                                    | CK, REC   | EIPT AND   | CANCEL  | LA <sup>-</sup>       | TION                                     |  |                               |                                       |   |   |  |
| I confirm that the activity  | has been   | completed, ch  |   |   |  |   |                       |  | y conditi  | on.                           |                                       |   |   |  |
| Permit Acceptor:   |  |  |   | Signati   | ure:   |   |                       |  |  | Time:                         |                                       |   | Date:   |  |
|  | SEC  | CURITY   |   |   |  |   | ES                    | STATE                                    | S & CA   | PITA                          | L DE                                  | /ELOPN  | <u>IENT</u>   |  |
| I acknowledge receipt of<br>in charge has left the area  |  |  |   |   |  | am satisfied<br>ermit and t                                     |                       |  |  |                               |                                       |   |   | ce with this   |
|  | T:   | ma.  | Datas                                     |   | 1 h  |   |                       |  |  | Time                          |                                       |   | Date  |  |

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| Contractor:   |              |                                   |                                 | Permit Ac       | ceptor:       |                                |         |                |                |                             | will be/l                          | ny detectors<br>nave been*   |
| Building:   |              |                                   |                                 | Floor Nun       | nber:         |                                |         |                |                |                             |                                    | d? (delete as opriate).  |
| Corridor:   |              |                                   |                                 | Room Nu         | mber(s):      |                                |         |                |                |                             |                                    |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto    | olate        |                                   |                                 |                 |               |                                |         |                |                |                             |                                    |  |
| Has a suitable and su<br>requiring this permit                          |              | isk assessm                       | ient been u                     | ndertake        | en for the ta | sk Y                           | ΞS      | 01             | NO             | Safe<br>ame<br>five<br>sign | or more employ                     | lations 1999 (as<br>lat organisations with<br>ees record the<br>of assessments and |
| Has a method staten   | nent beei    | n undertak                        | en for this t                   | ask?            |               | ○ YE                           | ES      | $\bigcirc$ 1   | NO             | mus<br>Dev                  | t be submitted t<br>elopment Depai | thod statements<br>o Estates & Capital<br>tment in advance of                      |
|   |              |                                   |                                 | PR              | ECAUTION      | S                              |         |                |                | WOII                        | ks commencing.                     |  |
| Smoke/Heat detector h<br>minutes after work has                         | complete     | d.                                |                                 | ersity on t     | he strict und | erstanding                     |         |                |                |                             |                                    |  |
| Where dust, fume or sr  | noke has k   | een severe,                       | the contract                    | tor <b>MUST</b> | notify Secur  | ity on <u>0121</u>             | 204 480 | <u>03</u> PRIO | <b>R</b> to re | movin                       | g any cove                         | rs.  |
| This permit is only va<br>end of the working day<br>COVERED overnight U | /. At that t | me, <b>ALL</b> cov                | vers issued m                   | nust be ret     | turned to Est |                                |         |                |                |                             |                                    |  |
| By signing the authoris<br>being removed in acco                        |              |                                   |                                 |                 |               |                                |         |                |                |                             |                                    |  |
| What measures are in pla<br>control dust, fume and va                   |              |                                   |                                 |                 |               |                                |         |                |                |                             |                                    |  |
|   |              |                                   |                                 | FMEDCI          | INCV CON      | TACTO                          |         |                |                |                             |                                    |  |
|   |              |                                   | (Perso                          |                 | nnected w     |                                | rk)     |                |                |                             |                                    |  |
| Name:   |              |                                   | Position                        |                 | - Infected W  | itir the wo                    |         | Conta          | nct:           |                             |                                    |  |
|   |              |                                   | AUTH                            | IORISATI        | ION AND A     | CCEPTAN                        | ICE     |                |                |                             |                                    |  |
| I confirm that I have verifi<br>and the conditions of this              |              |                                   |                                 |                 |               |                                |         |                |                |                             | the work as                        | defined above  |
| Permit Acceptor:  |              |                                   | Signature:                      |                 |               |                                | Valid   | From:          | Time:          |                             | Date                               | e:   |
| Company:  |              |                                   | Permit Issue                    | r:              |               |                                | Valid   | То:            | Time:          |                             | Date                               | e:   |
|   |              |                                   | HANDRA                          | CK DEC          | EIDT AND      | CANCELL                        | ATION   |                |                |                             |                                    |  |
| I confirm that the activity   | has been co  | ompleted, che                     |                                 |                 | EIPT AND (    |                                |         | ly condit      | ion.           |                             |                                    |  |
| Permit Acceptor:  |              |                                   |                                 | Signati         | ure:          |                                |         |                | Time:          |                             | Date                               | e:   |
|   | SECI         | <u>JRITY</u>                      |                                 |                 |               |                                | ESTATE  | ES & CA        | PITA           | L DEV                       | ELOPME                             | <u>IT</u>  |
| I acknowledge receipt of in charge has left the area                    | this form ha | iving been inf<br>I in a safe and | ormed that th<br>tidy conditior | e person        |               | m satisfied t<br>ermit and the |         |                |                |                             |                                    | dance with this<br>tion.   |
|   | Tim          | ۵.                                | Date:                           |                 | 1             |                                |         |                | Time:          |                             | Date                               | 2.   |

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| Contractor:   |           |                      |               | Permit Ac      | ceptor:        |                   |          |                    |                      |                 |  | will be/h                   | y detectors<br>ave been*   |
| Building:   |           |                      |               | Floor Nun      | nber:          |                   |          |                    |                      |                 |  |                             | ? (delete as priate).  |
| Corridor:   |           |                      |               | Room Nu        | mber(s):       |                   |          |                    |                      |                 |  |                             |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto    | solate    |                      |               |                |                |                   |          |                    |                      |                 |  |                             |  |
| Has a suitable and su<br>requiring this permit                          |           | risk assessm         | ent been u    | ndertake       | en for the     | task              | YE       | S                  | $\bigcirc$ 1         | 10              | Safety a<br>amendo<br>five or r<br>significa | more employe                | tions 1999 (as<br>t organisations with<br>es record the<br>assessments and |
| Has a method staten   | nent be   | en undertake         | en for this t | ask?           |                |                   | ) YE     | S                  | $\bigcirc$ l         | 10              | must be<br>Develo                            | e submitted to              | nod statements<br>Estates & Capital<br>ment in advance of                  |
|   |           |                      |               | PR             | ECAUTIO        | NS                |          |                    |                      |                 | WOIKS  | commencing.                 |  |
| Smoke/Heat detector h<br>minutes after work has                         |           |                      | by the Unive  | ersity on t    | he strict un   | derstand          | ding     | that <b>AL</b>     | <b>L</b> cover       | are re          | moved r                                      | no sooner                   | than 15  |
| Where dust, fume or sr  | noke has  | s been severe,       | the contract  | or <b>MUST</b> | notify Secu    | ırity on <u>(</u> | )121     | 204 480            | <u>3</u> <b>PRIO</b> | <b>R</b> to rer | noving a                                     | any cover                   | 5.   |
| This permit is only va<br>end of the working day<br>COVERED overnight U | . At that | time, <b>ALL</b> cov | ers issued m  | nust be ret    | turned to E    |                   |          |                    |                      |                 |  |                             |  |
| By signing the authoris<br>being removed in acco                        |           |                      |               |                |                |                   |          |                    |                      |                 |  |                             |  |
| What measures are in pla<br>control dust, fume and va                   |           |                      |               |                |                |                   |          |                    |                      |                 |  |                             |  |
|   |           |                      |               | EMERGI         | ENCY CON       | NTACTS            | <u> </u> |                    |                      |                 |  |                             |  |
|   |           |                      | (Perso        | on not co      | nnected v      | with the          | wor      | ·k)                |                      |                 |  |                             |  |
| Name:   |           |                      | Position      | n:             |                |                   |          |                    | Conta                | ct:             |  |                             |  |
|   |           |                      | AUTH          | ORISATI        | ON AND         | ACCEP             | ΓΑΝ      | <u>CE</u>          |                      |                 |  |                             |  |
| I confirm that I have verifi<br>and the conditions of this              |           |                      |               |                |                |                   |          |                    |                      |                 | rry out th                                   | ne work as                  | defined above  |
| Permit Acceptor:  |           |                      | Signature:    |                |                |                   |          | Valid              | From:                | Time:           |  | Date                        |  |
| Company:  |           |                      | Permit Issue  | r:             |                |                   |          | Valid <sup>-</sup> | Го:                  | Time:           |  | Date                        |  |
|   |           |                      | HANDBA        | CK, REC        | EIPT AND       | CANCI             | LLA      | TION               |                      |                 |  |                             |  |
| I confirm that the activity   | has been  | completed, che       | cked by myse  | If and the a   | area left secu | ire and in        | a safe   | e and tid          | y conditi            | on.             |  |                             |  |
| Permit Acceptor:  |           |                      |               | Signati        | ure:           |                   |          |                    |                      | Time:           |  | Date                        |  |
|   | SEC       | CURITY               |               |                |                |                   | E        | STATE              | S & CA               | PITAL           | . DEVE                                       | LOPMEN                      | T  |
| I acknowledge receipt of t<br>in charge has left the area               |           |                      |               |                |                |                   |          |                    |                      |                 |  | ed in accord<br>tidy condit | ance with this<br>on.  |
|   | т:        | mo                   | Dato          |                | 1              |                   |          |                    |                      | Timo            |  | Data                        |  |

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| Contractor:  |                            |                                   |  | Permit Ac                            | ceptor:                               |                               |                    |                         |                |                                      | will be/h  | y detectors<br>ave been*   |
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| Building:  |                            |                                   |  | Floor Nun                            | nber:                                 |                               |                    |                         |                |                                      |  | l? (delete as opriate).  |
| Corridor:  |                            |                                   |  | Room Nui                             | mber(s):                              |                               |                    |                         |                |                                      |  |  |
| Job Details (includii<br>reason for need to i<br>smoke/heat detecto  | solate                     |                                   |  |                                      |                                       |                               |                    |                         |                | ND. Th                               | ne Managemen   | e of Hoolth and  |
| Has a suitable and s<br>requiring this permi   |                            | isk assessm                       | ent been ui                                  | ndertake                             | en for the t                          | task                          | 'ES                | Ol                      | NO             | Safety<br>amen<br>five or<br>signifi | at Work Regulated) require the more employed cant findings o | ations 1999 (as<br>at organisations wi<br>es record the<br>fassessments and    |
| Has a method state   | ment beer                  | n undertake                       | en for this to                               | ask?                                 |                                       | (C)                           | 'ES                | O                       | NO             | assess<br>must<br>Devel              | be submitted to<br>opment Depart                             | hily at risk. Risk<br>hod statements<br>Estates & Capital<br>ment in advance o |
|  |                            |                                   |  | PRI                                  | ECAUTIO                               | NS                            |                    |                         |                | works                                | commencing.  |  |
| Smoke/Heat detector<br>minutes after work ha   |                            |                                   | by the Unive                                 | ersity on tl                         | he strict un                          | derstandin                    | g that i           | <b>ALL</b> cover        | s are re       | moved                                | no soonei  | than 15  |
| Where dust, fume or s  | moke has k                 | oeen severe,                      | the contract                                 | or <b>MUST</b>                       | notify Secu                           | ırity on <u>012</u>           | 1 204 4            | 803 <b>PRIO</b>         | <b>R</b> to re | moving                               | any cover  | S.   |
| This permit is only va-<br>end of the working da<br>COVERED overnight U<br>By signing the authori<br>being removed in acco | y. At that ti<br>JNLESS wo | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belo | ust be ret<br>uring tha<br>w, the Co | turned to E<br>t time.<br>ntractor is | states or Se<br>agreeing th   | curity.<br>at shou | Smoke/H<br>uld a fire f | eat deto       | ector he                             | eads <b>MUS</b><br>eed due to                                | <b>NOT</b> remai   |
| What measures are in pl.<br>control dust, fume and v   |                            |                                   |  |                                      |                                       |                               |                    |                         |                |                                      |  |  |
|  |                            |                                   |  |                                      | ENCY CON                              | NTACTS<br>with the w          | ork)               |                         |                |                                      |  |  |
| Name:  |                            |                                   | Position                                     | :                                    |                                       |                               |                    | Conta                   | act:           |                                      |  |  |
|  |                            |                                   | AUTH   | ORISATI                              | ON AND                                | ACCEPTA                       | NCE                |                         |                |                                      |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                            |                                   |  |                                      |                                       |                               |                    |                         |                | arry out t                           | he work as   | defined above  |
| Permit Acceptor:   |                            |                                   | Signature:                                   |                                      |                                       |                               | Vali               | d From:                 | Time:          |                                      | Date   | :  |
| Company:   |                            |                                   | Permit Issuer                                | :                                    |                                       |                               | Vali               | d To:                   | Time:          |                                      | Date   | :  |
|  |                            |                                   | HANDBA                                       | CK, REC                              | EIPT AND                              | CANCELL                       | ATIO               | N .                     |                |                                      |  |  |
| l confirm that the activity  | has been co                | ompleted, che                     | cked by mysel                                | f and the a                          | area left secu                        | ire and in a s                | afe and            | tidy condit             | ion.           |                                      |  |  |
| Permit Acceptor:   |                            |                                   |  | Signatu                              | ure:                                  |                               |                    |                         | Time:          |                                      | Date   | :  |
|  | SECI                       | <u>URITY</u>                      |  |                                      |                                       |                               | <b>ESTA</b>        | TES & CA                | APITAL         | DEVE                                 | LOPMEN   | IT   |
| I acknowledge receipt of<br>in charge has left the are   |                            |                                   |  |                                      |                                       | am satisfied<br>permit and th |                    |                         |                |                                      |  | dance with thi<br>ion.   |
|  | Tim                        | e:                                | Date:  |                                      | 1                                     |                               |                    |                         | Time:          |                                      | Date   | :  |

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| Contractor:   |   |              |                | Permit Ac     | ceptor:         |              |          |            |       |                             | will be/ha  | detectors ve been*   |
| Building:   |   |              |                | Floor Nun     | nber:           |              |          |            |       |                             |   | ? (delete as oriate).  |
| Corridor:   |   |              |                | Room Nu       | mber(s):        |              |          |            |       |                             |   |  |
| Job Details (includi<br>reason for need to<br>smoke/heat detect   | isolate   |              |                |               |                 |              |          |            |       |                             |   |  |
| Has a suitable and s<br>requiring this perm   |   | risk assessm | nent been u    | ndertake      | en for the tas  | k OYE        | ES .     | 01         | NO    | Safe<br>ame<br>five<br>sign | The Management of<br>ety at Work Regulat<br>ended) require that<br>or more employee<br>of ficant findings of a<br>nify those especial | ions 1999 (as<br>organisations with<br>s record the<br>assessments and |
| Has a method state  | ment bee  | n undertak   | en for this to | ask?          |                 | ○ YE         | S        | $\bigcirc$ | 10    | asse                        | essments and meth<br>st be submitted to I<br>relopment Departm  | od statements<br>Estates & Capital                                     |
|   |   |              |                | PR            | ECAUTIONS       |              |          |            |       | wor                         | ks commencing.  |  |
| Where dust, fume or some of the working data covernight.  By signing the author being removed in accommod the working data with the covernight. | 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       | n:            |                 |              |          | Conta      | ıct:  |                             |   |  |
|   |   |              | AUTH           | ORISATI       | ION AND AC      | CEPTAN       | ICE      |            |       |                             |   |  |
| I confirm that I have veri<br>and the conditions of th  |   |              | n and ensured  | that the ne   | ecessary precau | tions have l | been tak |            |       | arry ou                     | t the work as d   | efined above   |
| Permit Acceptor:  |   |              | Signature:     |               |                 |              | Valid    | From:      | Time: |                             | Date:   |  |
| Company:  |   |              | Permit Issue   | r:            |                 |              | Valid    | То:        | Time: |                             | Date:   |  |
|   |   |              | HANDRA         | CK. RFC       | EIPT AND C      | ANCELL A     | NOITA    |            |       |                             |   |  |
| I confirm that the activity   | y has been c  | ompleted, ch |                |               |                 |              |          | dy condit  | on.   |                             |   |  |
| Permit Acceptor:  |   |              |                | Signati       | ure:            |              |          |            | Time: |                             | Date:   |  |
|   | SEC   | <u>URITY</u> |                |               |                 | E            | STATI    | ES & CA    | PITAL | DEV                         | ELOPMENT  | [  |
| I acknowledge receipt of<br>in charge has left the are  |   |              |                |               |                 |              |          |            |       |                             | eted in accordand tidy condition  |  |
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|---|---|-----------------------------------|---|-------------------------------------|---|---------------------|--------------|---------------------------------------|----------------|--|----------------------------------|---|
| Contractor:   |   |                                   |   | Permit Ac                           | cceptor:                                |                     |              |                                       |                | v  | vill be/ha                       | detectors<br>ve been*   |
| Building:   |   |                                   |   | Floor Nur                           | mber:                                   |                     |              |                                       |                |  | covered:<br>approp               | ' (delete as<br>oriate).  |
| Corridor:   |   |                                   |   | Room Nu                             | mber(s):                                |                     |              |                                       |                |  |                                  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | solate  |                                   |   |                                     |   |                     |              |                                       |                | ND T   |                                  |   |
| Has a suitable and su<br>requiring this permit  |   | isk assessm                       | ent been ur                                   | ndertake                            | en for the                              | task                | YES          | 5 0                                   | NO             | Safety at<br>amended<br>five or mosignificar | ore employee<br>nt findings of a | ions 1999 (as<br>organisations with<br>s record the<br>issessments and    |
| Has a method staten   | nent bee  | n undertake                       | en for this ta                                | ask?                                |   |                     | YES          | 5 0                                   | NO             | assessme<br>must be s<br>Developr            | submitted to I                   | y at risk. Risk<br>od statements<br>states & Capital<br>ent in advance of |
|   |   |                                   |   | PR                                  | <b>ECAUTIO</b>                          | <u>NS</u>           |              |                                       |                |  |                                  |   |
| Smoke/Heat detector I<br>minutes after work has   | complete  | ed.                               | •   | ŕ                                   |   |                     | _            |                                       |                |  |                                  |   |
| Where dust, fume or sr  | noke has l                                      | oeen severe,                      | the contract                                  | or <b>MUST</b>                      | notify Secu                             | urity on <u>0</u>   | 121 2        | 204 4803 <b>PRIC</b>                  | <b>R</b> to re | moving a                                     | ny covers                        |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris<br>being removed in acco | y. At that t<br>I <b>NLESS</b> wo<br>sation and | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belov | ust be re<br>uring tha<br>w, the Co | turned to E<br>at time.<br>ontractor is | estates or agreeing | Secu<br>that | rity. Smoke/H<br>should a fire t      | eat dete       | ector head                                   | ds <b>MUST</b><br>d due to a     | <b>NOT</b> remain cover not   |
| What measures are in pla<br>control dust, fume and va   |   |                                   |   |                                     |   |                     |              |                                       |                |  |                                  |   |
|   |   |                                   |   |                                     | ency col                                |                     | wor          | k)                                    |                |  |                                  |   |
| Name:   |   |                                   | Position                                      | :                                   |   |                     |              | Cont                                  | act:           |  |                                  |   |
|   |   |                                   | AUTH  | ORISAT                              | ION AND                                 | ACCEPT              | ANG          | <u>CE</u>                             |                |  |                                  |   |
| I confirm that I have verifi<br>and the conditions of this  |   |                                   |   |                                     |   |                     |              |                                       |                | arry out the                                 | work as d                        | efined above  |
| Permit Acceptor:  |   |                                   | Signature:                                    |                                     |   |                     |              | Valid From:                           | Time:          |  | Date:                            |   |
| Company:  |   |                                   | Permit Issuer                                 | :                                   |   |                     |              | Valid To:                             | Time:          |  | Date:                            |   |
|   |   |                                   | HANDBA  | CK, REC                             | EIPT AND                                | CANCE               | LLA          | TION                                  |                |  |                                  |   |
| I confirm that the activity   | has been c                                      | ompleted, che                     | cked by mysel                                 | f and the a                         | area left secu                          | ure and in a        | a safe       | and tidy condi                        | tion.          |  |                                  |   |
| Permit Acceptor:  |   |                                   |   | Signat                              | ure:                                    |                     |              |                                       | Time:          |  | Date:                            |   |
|   |   | <u>URITY</u>                      |   |                                     |   |                     |              | STATES & C                            |                |  |                                  |   |
| I acknowledge receipt of in charge has left the area  |   |                                   |   |                                     |   |                     |              | at the activity h<br>area left secure |                |  |                                  |   |
|   | Tim   | e:                                | Date:   |                                     |   |                     |              |                                       | Time:          |  | Date:                            |   |

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| Aston University  |   |                                   | <u></u>                                       |                                     |   | 11111               |              |                                       |                |  |                                  |   |
|---|---|-----------------------------------|---|-------------------------------------|---|---------------------|--------------|---------------------------------------|----------------|--|----------------------------------|---|
| Contractor:   |   |                                   |   | Permit Ac                           | cceptor:                                |                     |              |                                       |                | v  | vill be/ha                       | detectors<br>ve been*   |
| Building:   |   |                                   |   | Floor Nur                           | mber:                                   |                     |              |                                       |                |  | covered:<br>approp               | ' (delete as<br>oriate).  |
| Corridor:   |   |                                   |   | Room Nu                             | mber(s):                                |                     |              |                                       |                |  |                                  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | solate  |                                   |   |                                     |   |                     |              |                                       |                | ND T   |                                  |   |
| Has a suitable and su<br>requiring this permit  |   | isk assessm                       | ent been ur                                   | ndertake                            | en for the                              | task                | YES          | 5 0                                   | NO             | Safety at<br>amended<br>five or mosignificar | ore employee<br>nt findings of a | ions 1999 (as<br>organisations with<br>s record the<br>issessments and    |
| Has a method staten   | nent bee  | n undertake                       | en for this ta                                | ask?                                |   |                     | YES          | 5 0                                   | NO             | assessme<br>must be s<br>Developr            | submitted to I                   | y at risk. Risk<br>od statements<br>states & Capital<br>ent in advance of |
|   |   |                                   |   | PR                                  | <b>ECAUTIO</b>                          | <u>NS</u>           |              |                                       |                |  |                                  |   |
| Smoke/Heat detector I<br>minutes after work has   | complete  | ed.                               | •   | ŕ                                   |   |                     | _            |                                       |                |  |                                  |   |
| Where dust, fume or sr  | noke has l                                      | oeen severe,                      | the contract                                  | or <b>MUST</b>                      | notify Secu                             | urity on <u>0</u>   | 121 2        | 204 4803 <b>PRIC</b>                  | <b>R</b> to re | moving a                                     | ny covers                        |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris<br>being removed in acco | y. At that t<br>I <b>NLESS</b> wo<br>sation and | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belov | ust be re<br>uring tha<br>w, the Co | turned to E<br>at time.<br>ontractor is | estates or agreeing | Secu<br>that | rity. Smoke/H<br>should a fire t      | eat dete       | ector head                                   | ds <b>MUST</b><br>d due to a     | <b>NOT</b> remain cover not   |
| What measures are in pla<br>control dust, fume and va   |   |                                   |   |                                     |   |                     |              |                                       |                |  |                                  |   |
|   |   |                                   |   |                                     | ency col                                |                     | wor          | k)                                    |                |  |                                  |   |
| Name:   |   |                                   | Position                                      | :                                   |   |                     |              | Cont                                  | act:           |  |                                  |   |
|   |   |                                   | AUTH  | ORISAT                              | ION AND                                 | ACCEPT              | ANG          | <u>CE</u>                             |                |  |                                  |   |
| I confirm that I have verifi<br>and the conditions of this  |   |                                   |   |                                     |   |                     |              |                                       |                | arry out the                                 | work as d                        | efined above  |
| Permit Acceptor:  |   |                                   | Signature:                                    |                                     |   |                     |              | Valid From:                           | Time:          |  | Date:                            |   |
| Company:  |   |                                   | Permit Issuer                                 | :                                   |   |                     |              | Valid To:                             | Time:          |  | Date:                            |   |
|   |   |                                   | HANDBA  | CK, REC                             | EIPT AND                                | CANCE               | LLA          | TION                                  |                |  |                                  |   |
| I confirm that the activity   | has been c                                      | ompleted, che                     | cked by mysel                                 | f and the a                         | area left secu                          | ure and in a        | a safe       | and tidy condi                        | tion.          |  |                                  |   |
| Permit Acceptor:  |   |                                   |   | Signat                              | ure:                                    |                     |              |                                       | Time:          |  | Date:                            |   |
|   |   | <u>URITY</u>                      |   |                                     |   |                     |              | STATES & C                            |                |  |                                  |   |
| I acknowledge receipt of in charge has left the area  |   |                                   |   |                                     |   |                     |              | at the activity h<br>area left secure |                |  |                                  |   |
|   | Tim   | e:                                | Date:   |                                     |   |                     |              |                                       | Time:          |  | Date:                            |   |

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|--|--|---------------|----------------|---------------|-------------|--------------|------|-------------------------------------|--------|-----------------------------|--|--|
| Contractor:  |  |               |                | Permit Ac     | ceptor:     |              |      |                                     |        |                             | will be/h  | y detectors<br>ave been*   |
| Building:  |  |               |                | Floor Nun     | nber:       |              |      |                                     |        |                             |  | l? (delete as opriate).  |
| Corridor:  |  |               |                | Room Nu       | mber(s):    |              |      |                                     |        |                             |  |  |
| Job Details (including reason for need to is smoke/heat detectors)   | solate   |               |                |               |             |              |      |                                     |        |                             |  |  |
| Has a suitable and su<br>requiring this permit   |  | isk assessm   | nent been u    | ndertake      | n for the t | ask O        | /ES  | OI                                  | NO     | Safe<br>ame<br>five<br>sign | or more employe  | ations 1999 (as<br>at organisations with<br>es record the<br>f assessments and |
| Has a method stater  | ment bee   | n undertak    | en for this t  | ask?          |             | 0)           | /ES  | OI                                  | NO     | asse<br>mus<br>Dev          | essments and met<br>st be submitted to<br>relopment Depart |  |
|  |  |               |                | PR            | ECAUTION    | IS           |      |                                     |        | wor                         | ks commencing.   |  |
| where dust, fume or so  This permit is only va end of the working day COVERED overnight U  By signing the authoris | moke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 ninutes after work has completed.  Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on 0121 204 4803 <b>PRIOR</b> 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 <b>ALL</b> covers at the ind of the working day. At that time, <b>ALL</b> covers issued must be returned to Estates or Security. Smoke/Heat detector heads <b>MUST NOT</b> remain COVERED overnight <b>UNLESS</b> 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 |               |                |               |             |              |      |                                     |        |                             |  |  |
| What measures are in pla<br>control dust, fume and v   |  |               |                |               |             |              |      |                                     |        |                             |  |  |
|  |  |               |                |               | ENCY CON    |              | ork) |                                     |        |                             |  |  |
| Name:  |  |               | Position       | :             |             |              |      | Conta                               | act:   |                             |  |  |
|  |  |               | AUTH           | ORISATI       | ION AND A   | CCEPTA       | NCE  |                                     |        |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this   |  |               |                |               |             |              |      |                                     |        |                             | t the work as  | defined above  |
| Permit Acceptor:   |  |               | Signature:     |               |             |              | V    | alid From:                          | Time:  |                             | Date   | :  |
| Company:   |  |               | Permit Issue   | <i>"</i> :    |             |              | V    | alid To:                            | Time:  |                             | Date   | :  |
|  |  |               | <u>HANDB</u> A | CK, REC       | EIPT AND    | CANCELI      | LATI | <u>ON</u>                           |        |                             |  |  |
| I confirm that the activity  | has been co  | ompleted, che |                |               |             |              |      |                                     | ion.   |                             |  |  |
| Permit Acceptor:   |  |               |                | Signatu       | ure:        |              |      |                                     | Time:  |                             | Date   | :  |
|  | SEC  | <u>URITY</u>  |                |               |             |              | ES1  | ATES & CA                           | APITAI | DEV                         | ELOPMEN  | IT   |
| I acknowledge receipt of in charge has left the area   |  |               |                |               |             |              |      | the activity have<br>ea left secure |        |                             |  | dance with this ion.   |
|  | Tim  | ne.           | Date:          |               | 1 1         |              |      |                                     | Time   |                             | Date   |  |

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## **SMOKE/HEAT DETECTOR**

REF: 0029

| Aston University  |  |  | <u>12</u>   | <u>OLA II</u>   | ION FO                                    | <u>KIVI</u>  |                |   |                                   |                                   |  |  |
|---|--|--|---|---|---|--|----------------|---|-----------------------------------|-----------------------------------|--|--|
| Contractor:   |  |  |   | Permit Ad   | cceptor:                                  |  |                |   |                                   |                                   | will be/h  | detectors  |
| Building:   |  |  |   | Floor Nur   | mber:                                     |  |                |   |                                   |                                   |  | ? (delete as priate).  |
| Corridor:   |  |  |   | Room Nu   | ımber(s):                                 |  |                |   |                                   |                                   |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | solate   |  |   |   |   |  |                |   |                                   |                                   |  |  |
| Has a suitable and surequiring this permit  |  | isk assessm  | ent been u  | ndertake  | en for the t                              | ask O  | ⁄ES            | O                                       | NO                                | Safet<br>amer<br>five o<br>signif | he Management<br>y at Work Regular<br>ided) require that<br>ir more employee<br>ficant findings of<br>ify those especial | ions 1999 (as<br>organisations witl<br>s record the<br>assessments and |
| Has a method staten   | nent beei  | n undertak   | en for this t   | ask?  |   | 0  | /ES            | 0                                       | NO                                | asses<br>must<br>Deve             | sments and meth<br>be submitted to<br>lopment Departn  | od statements  |
|   |  |  |   | PR  | ECAUTIO                                   | VS.  |                |   |                                   | work                              | s commencing.  |  |
| Where dust, fume or sr  This permit is only va  end of the working day  COVERED overnight U  By signing the authoris  being removed in account  What measures are in pla  control dust, fume and va | lid for one  At that ti  NLESS we  sation and  ordance wi  ce to | e 24hr perio<br>ime, ALL cov<br>ork is being u<br>acceptance | ed and it is a vers issued mundertaken consection below ion form, the | condition<br>nust be re<br>during tha<br>ow, the Co<br>e Contract | n of issue the<br>turned to E<br>at time. | at the personant | on in cecurity | harge ens<br>. Smoke/H<br>ould a fire f | ures the<br>eat dete<br>ail to be | e removector h                    | val of <b>ALL</b> coeads <b>MUST</b>   | overs at the <b>NOT</b> remain   |
| Name:   |  |  | Position  | n:  |   |  |                | Conta                                   | act:                              |                                   |  |  |
|   |  |  | ΔΙΙΤΗ   | ORISAT  | ION AND                                   | Δ <i>CC</i> FPTΔ   | NCF            |   |                                   |                                   |  |  |
| confirm that I have verifi  | ed the abov  | ve informatior   |   |   |   |  |                | taken. It is s                          | afe to ca                         | arry out                          | the work as c  | efined above   |
| and the conditions of this  |  |  |   |   |   |  |                |   |                                   | ,                                 |  |  |
| Permit Acceptor:  |  |  | Signature:  |   |   |  | Va             | lid From:                               | Time:                             |                                   | Date:  |  |
| Company:  |  |  | Permit Issue  | r:  |   |  | Va             | lid To:                                 | Time:                             |                                   | Date:  |  |
|   |  |  | HANDBA  | CK, REC   | EIPT AND                                  | CANCELI  | ATIC           | <u>N</u>                                |                                   |                                   |  |  |
| confirm that the activity   | has been co  | ompleted, che  | cked by myse  | If and the  | area left secu                            | re and in a s  | afe and        | l tidy condit                           | ion.                              |                                   |  |  |
| Permit Acceptor:  |  |  |   | Signat  | ure:                                      |  |                |   | Time:                             |                                   | Date:  |  |
|   |  | <u>URITY</u>   |   |   |   |  |                |   |                                   |                                   | LOPMEN   |  |
| acknowledge receipt of the charge has left the area   |  |  |   |   |   |  |                |   |                                   |                                   | ted in accord<br>I tidy conditi  | ance with this<br>on.  |
|   | Tim  | e:   | Date:   |   |   |  |                |   | Time:                             |                                   | Date:  |  |

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| Aston University  |   |              | 15             | <u>OLA 11</u> | ON FOR          | <u>IVI</u>   |          |            |       |                             |  |  |
|---|---|--------------|----------------|---------------|-----------------|--------------|----------|------------|-------|-----------------------------|--|--|
| Contractor:   |   |              |                | Permit Ac     | ceptor:         |              |          |            |       |                             | will be/ha   | detectors ve been*   |
| Building:   |   |              |                | Floor Nun     | nber:           |              |          |            |       |                             |  | ? (delete as oriate).  |
| Corridor:   |   |              |                | Room Nu       | mber(s):        |              |          |            |       |                             |  |  |
| Job Details (includi<br>reason for need to<br>smoke/heat detect   | isolate   |              |                |               |                 |              |          |            |       |                             |  |  |
| Has a suitable and s<br>requiring this perm   |   | risk assessm | nent been u    | ndertake      | en for the tas  | k OYE        | ES .     | 01         | NO    | Safe<br>ame<br>five<br>sign | The Management of<br>ety at Work Regulat<br>ended) require that<br>or more employee<br>officant findings of a<br>nify those especial | ions 1999 (as<br>organisations with<br>s record the<br>assessments and |
| Has a method state  | ment bee  | n undertak   | en for this to | ask?          |                 | ○ YE         | S        | $\bigcirc$ | 10    | asse                        | essments and meth<br>st be submitted to I<br>relopment Departm   | od statements<br>Estates & Capital                                     |
|   |   |              |                | PR            | ECAUTIONS       |              |          |            |       | wor                         | ks commencing.   |  |
| Where dust, fume or some of the working data covernight.  By signing the author being removed in accommod the working data with the covernight. | 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       | n:            |                 |              |          | Conta      | ıct:  |                             |  |  |
|   |   |              | AUTH           | ORISATI       | ION AND AC      | CEPTAN       | ICE      |            |       |                             |  |  |
| I confirm that I have veri<br>and the conditions of th  |   |              | n and ensured  | that the ne   | ecessary precau | tions have l | been tak |            |       | arry ou                     | t the work as d  | efined above   |
| Permit Acceptor:  |   |              | Signature:     |               |                 |              | Valid    | From:      | Time: |                             | Date:  |  |
| Company:  |   |              | Permit Issue   | r:            |                 |              | Valid    | То:        | Time: |                             | Date:  |  |
|   |   |              | HANDRA         | CK. RFC       | EIPT AND C      | ANCELL A     | NOITA    |            |       |                             |  |  |
| I confirm that the activity   | y has been c  | ompleted, ch |                |               |                 |              |          | dy condit  | on.   |                             |  |  |
| Permit Acceptor:  |   |              |                | Signati       | ure:            |              |          |            | Time: |                             | Date:  |  |
|   | SEC   | <u>URITY</u> |                |               |                 | E            | STATI    | ES & CA    | PITAL | DEV                         | ELOPMENT   | [  |
| I acknowledge receipt of<br>in charge has left the are  |   |              |                |               |                 |              |          |            |       |                             | eted in accordand tidy condition   |  |
|   | Tim   | ne:          | Date:          |               |                 |              |          |            | Time: |                             | Date:  |  |

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| Contractor:  |                            |                                   |  | Permit Ac                            | ceptor:                               |                               |                    |                         |                |                                      | will be/h  | y detectors<br>ave been*   |
|--|----------------------------|-----------------------------------|--|--------------------------------------|---------------------------------------|-------------------------------|--------------------|-------------------------|----------------|--------------------------------------|--|--|
| Building:  |                            |                                   |  | Floor Nun                            | nber:                                 |                               |                    |                         |                |                                      |  | l? (delete as opriate).  |
| Corridor:  |                            |                                   |  | Room Nui                             | mber(s):                              |                               |                    |                         |                |                                      |  |  |
| Job Details (includii<br>reason for need to i<br>smoke/heat detecto  | solate                     |                                   |  |                                      |                                       |                               |                    |                         |                | ND. Th                               | ne Managemen   | e of Hoolth and  |
| Has a suitable and s<br>requiring this permi   |                            | isk assessm                       | ent been ui                                  | ndertake                             | en for the t                          | task                          | 'ES                | Ol                      | NO             | Safety<br>amen<br>five or<br>signifi | at Work Regulated) require the more employed cant findings o | ations 1999 (as<br>at organisations wi<br>es record the<br>fassessments and    |
| Has a method state   | ment beer                  | n undertake                       | en for this to                               | ask?                                 |                                       | (C)                           | 'ES                | O                       | NO             | assess<br>must<br>Devel              | be submitted to<br>opment Depart                             | hily at risk. Risk<br>hod statements<br>Estates & Capital<br>ment in advance o |
|  |                            |                                   |  | PRI                                  | ECAUTIO                               | NS                            |                    |                         |                | works                                | commencing.  |  |
| Smoke/Heat detector<br>minutes after work ha   |                            |                                   | by the Unive                                 | ersity on t                          | he strict un                          | derstandin                    | g that i           | <b>ALL</b> cover        | s are re       | moved                                | no soonei  | than 15  |
| Where dust, fume or s  | moke has k                 | oeen severe,                      | the contract                                 | or <b>MUST</b>                       | notify Secu                           | ırity on <u>012</u>           | 1 204 4            | 803 <b>PRIO</b>         | <b>R</b> to re | moving                               | any cover  | S.   |
| This permit is only va-<br>end of the working da<br>COVERED overnight U<br>By signing the authori<br>being removed in acco | y. At that ti<br>JNLESS wo | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belo | ust be ret<br>uring tha<br>w, the Co | turned to E<br>t time.<br>ntractor is | states or Se<br>agreeing th   | curity.<br>at shou | Smoke/H<br>uld a fire f | eat deto       | ector he                             | eads <b>MUS</b><br>eed due to                                | <b>NOT</b> remai   |
| What measures are in pl.<br>control dust, fume and v   |                            |                                   |  |                                      |                                       |                               |                    |                         |                |                                      |  |  |
|  |                            |                                   |  |                                      | ENCY CON                              | NTACTS<br>with the w          | ork)               |                         |                |                                      |  |  |
| Name:  |                            |                                   | Position                                     | :                                    |                                       |                               |                    | Conta                   | act:           |                                      |  |  |
|  |                            |                                   | AUTH   | ORISATI                              | ON AND                                | ACCEPTA                       | NCE                |                         |                |                                      |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                            |                                   |  |                                      |                                       |                               |                    |                         |                | arry out t                           | he work as   | defined above  |
| Permit Acceptor:   |                            |                                   | Signature:                                   |                                      |                                       |                               | Vali               | d From:                 | Time:          |                                      | Date   | :  |
| Company:   |                            |                                   | Permit Issuer                                | :                                    |                                       |                               | Vali               | d To:                   | Time:          |                                      | Date   | :  |
|  |                            |                                   | HANDBA                                       | CK, REC                              | EIPT AND                              | CANCELL                       | ATIO               | N .                     |                |                                      |  |  |
| l confirm that the activity  | has been co                | ompleted, che                     | cked by mysel                                | f and the a                          | area left secu                        | ire and in a s                | afe and            | tidy condit             | ion.           |                                      |  |  |
| Permit Acceptor:   |                            |                                   |  | Signatu                              | ure:                                  |                               |                    |                         | Time:          |                                      | Date   | :  |
|  | SECI                       | <u>URITY</u>                      |  |                                      |                                       |                               | <b>ESTA</b>        | TES & CA                | APITAL         | DEVE                                 | LOPMEN   | IT   |
| I acknowledge receipt of<br>in charge has left the are   |                            |                                   |  |                                      |                                       | am satisfied<br>permit and th |                    |                         |                |                                      |  | dance with thi<br>ion.   |
|  | Tim                        | e:                                | Date:  |                                      | 1                                     |                               |                    |                         | Time:          |                                      | Date   | :  |

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|--|---------------|--------------------------------------|-------------------------------|--------------------------|------------------------|----------------------|-------|-------------------------------------|-----------------|---|--|---|--|--|
| Contractor:  |               |                                      |                               | Permit Ac                | ceptor:                |                      |       |                                     |                 | wil   | How many detectors will be/have been* covered? (delete as  |   |  |  |
| Building:  |               |                                      |                               | Floor Num                | nber:                  |                      |       |                                     |                 |   | approp   |   |  |  |
| Corridor:  |               |                                      |                               | Room Nui                 | mber(s):               |                      |       |                                     |                 |   |  |   |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto                               | olate         |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |  |  |
| Has a suitable and su<br>requiring this permit   |               | sk assessm                           | ent been u                    | ndertake                 | en for the             | task O               | YES   | 0                                   | NO              | Safety at Wo<br>amended) r<br>five or more<br>significant f | ork Regulati<br>equire that<br>e employees<br>indings of a | f Health and<br>ons 1999 (as<br>organisations with<br>record the<br>ssessments and<br>y at risk. Risk |  |  |
| Has a method staten  | nent been     | undertake                            | en for this to                | ask?                     |                        | 0                    | YES   | 0                                   | NO              | assessment<br>must be sub                                   | s and metho<br>omitted to E<br>nt Departm                  | od statements<br>states & Capital<br>ent in advance of  |  |  |
|  |               |                                      |                               | PRI                      | ECAUTIO                | NS                   |       |                                     |                 | Works com   | nenemg.  |   |  |  |
| Smoke/Heat detector h<br>minutes after work has  |               |                                      | by the Unive                  | ersity on tl             | he strict un           | derstandin           | ng th | at <b>ALL</b> cove                  | rs are re       | emoved no   | sooner t   | han 15  |  |  |
| Where dust, fume or sr   | noke has b    | een severe,                          | the contract                  | or <b>MUST</b>           | notify Secu            | ırity on <u>012</u>  | 21 20 | <u>04 4803</u> <b>PRIC</b>          | <b>DR</b> to re | moving any  | covers.  |   |  |  |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris | /. At that ti | me, <b>ALL</b> cov<br>ork is being u | vers issued m<br>Indertaken d | ust be ret<br>luring tha | turned to E<br>t time. | states or Se         | ecur  | ity. Smoke/H                        | leat det        | ector heads   | MUST   | <b>NOT</b> remain   |  |  |
| being removed in acco  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |  |  |
| What measures are in pla<br>control dust, fume and va  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |  |  |
|  |               |                                      |                               |                          | nnected v              | NTACTS<br>vith the w | ork   | )                                   |                 |   |  |   |  |  |
| Name:  |               |                                      | Position                      | :                        |                        |                      |       | Cont                                | act:            |   |  |   |  |  |
|  |               |                                      | AUTH                          | ORISATI                  | ON AND                 | ACCEPTA              | NC    | E                                   |                 |   |  |   |  |  |
| I confirm that I have verifi<br>and the conditions of this   |               |                                      |                               |                          |                        |                      |       |                                     |                 | arry out the v  | vork as d  | efined above  |  |  |
| Permit Acceptor:   |               |                                      | Signature:                    |                          |                        |                      | \     | /alid From:                         | Time:           |   | Date:  |   |  |  |
| Company:   |               |                                      | Permit Issuer                 | :                        |                        |                      |       | /alid To:                           | Time:           |   | Date:  |   |  |  |
|  |               |                                      | HANDBA                        | CK, REC                  | EIPT AND               | CANCELI              | LAT   | <u>ION</u>                          |                 |   |  |   |  |  |
| I confirm that the activity  | has been co   | mpleted, che                         | cked by myse                  | lf and the a             | area left secu         | re and in a s        | afe a | and tidy condi                      | tion.           |   |  |   |  |  |
| Permit Acceptor:   |               |                                      |                               | Signatu                  | ure:                   |                      |       |                                     | Time:           |   | Date:  |   |  |  |
|  | SECU          | <u>JRITY</u>                         |                               |                          |                        |                      | ES    | TATES & C                           | APITA           | L DEVELO  | PMEN1  |   |  |  |
| I acknowledge receipt of in charge has left the area   |               |                                      |                               |                          |                        |                      |       | t the activity h<br>rea left secure |                 |   |  |   |  |  |
|  | Time          | ٠.                                   | Date:                         |                          |                        |                      |       |                                     | Time:           |   | Date:  |   |  |  |

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|--|---|--|---|---|---|---|----------------|--|---------------------|------------------------------------|--|---|--|--|--|
| Contractor:  |   |  |   | Permit Acc  | ceptor:   |   |                |  |                     |                                    | How many detectors will be/have been* covered? (delete as                |   |  |  |  |
| Building:  |   |  |   | Floor Num   | nber:   |   |                |  |                     |                                    |  | opriate).   |  |  |  |
| Corridor:  |   |  |   | Room Nur  | mber(s):  |   |                |  |                     |                                    |  |   |  |  |  |
| Job Details (includir<br>reason for need to is<br>smoke/heat detecto   | solate  |  |   |   |   |   |                |  |                     |                                    |  |   |  |  |  |
| Has a suitable and surequiring this permi  |   | isk assessm  | ient been ui  | ndertake  | n for the t   | ask 0   | /ES            | 0  | NO                  | Safety<br>amen<br>five o<br>signif | oat Work Regul<br>ded) require the<br>r more employ-<br>icant findings c | f assessments and   |  |  |  |
| Has a method stater  | nent beer   | า undertak   | en for this to  | ask?  |   | 0)  | /ES            | 0  | NO                  | asses:<br>must                     | ments and me<br>be submitted t   | ally at risk. Risk<br>thod statements<br>o Estates & Capital<br>tment in advance of |  |  |  |
|  |   |  |   | DRF   | CAUTIO  | VS.   |                |  |                     | works                              | commencing.  |   |  |  |  |
| Where dust, fume or significant of the working day COVERED overnight USBy signing the authorist being removed in account of the working day what measures are in placed on the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working day and was a significant of the wore | Ilid for one<br>y. At that ti<br>INLESS wo<br>sation and<br>ordance wir | e 24hr perio<br>ime, ALL cov<br>ork is being u<br>acceptance | ed and it is a devers issued mundertaken describen belowing in the section belowion form, the | condition<br>ust be ret<br>uring that<br>w, the Cor<br>contractor | of issue th<br>urned to E<br>t time.<br>ntractor is a<br>or will be h | at the perso<br>states or Se<br>agreeing th<br>eld liable f | on in cecurity | :harge ens<br>. Smoke/H<br>ould a fire f | ures the<br>eat det | e removector he                    | ral of <b>ALL</b> eads <b>MUS</b>  | covers at the <b>F NOT</b> remain a cover not                                       |  |  |  |
| Name:  |   |  | Position  | :   |   |   |                | Cont                                     | act:                |                                    |  |   |  |  |  |
|  |   |  | AUTH  | ORISATI   | ON AND  | ACCEPTA   | NCE            | <u> </u>                                 |                     |                                    |  |   |  |  |  |
| I confirm that I have verifi<br>and the conditions of this   |   |  | n and ensured   | that the ne   | cessary pred  | autions hav   | e been         |  |                     | arry out                           | the work as  | defined above   |  |  |  |
| Permit Acceptor:   |   | on form have   | Signature:  | ed to all wol   | TREES HIVOIVE   |   |                | lid From:                                | Time:               |                                    | Date   | ::  |  |  |  |
| Company:   |   |  | Permit Issuer   | :   |   |   | Va             | lid To:                                  | Time:               |                                    | Date   | ::  |  |  |  |
|  |   |  | HANDBA  | CK. RFC   | FIPT AND  | CANCELI   | ATIC           | )N                                       |                     |                                    |  |   |  |  |  |
| I confirm that the activity  | has been co   | ompleted, che  |   |   |   |   |                |  | ion.                |                                    |  |   |  |  |  |
| Permit Acceptor:   |   |  |   | Signatu   | ıre:  |   |                |  | Time:               |                                    | Date   | ::  |  |  |  |
|  |   | <u>JRITY</u>   |   |   |   |   |                | ATES & CA                                |                     |                                    |  |   |  |  |  |
| l acknowledge receipt of<br>in charge has left the area  |   |  |   |   |   | am satisfied<br>ermit and tl                                |                |  |                     |                                    |  | dance with this<br>ion.   |  |  |  |
|  | Time  | e:   | Date:   |   |   |   |                |  | Time:               |                                    | Date   | :   |  |  |  |

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| Contractor:  |                            |                                   |  | Permit Ac                            | ceptor:                               |                               |                    |                         |                |                                      | will be/h  | y detectors<br>ave been*   |
|--|----------------------------|-----------------------------------|--|--------------------------------------|---------------------------------------|-------------------------------|--------------------|-------------------------|----------------|--------------------------------------|--|--|
| Building:  |                            |                                   |  | Floor Nun                            | nber:                                 |                               |                    |                         |                |                                      |  | l? (delete as opriate).  |
| Corridor:  |                            |                                   |  | Room Nui                             | mber(s):                              |                               |                    |                         |                |                                      |  |  |
| Job Details (includii<br>reason for need to i<br>smoke/heat detecto  | solate                     |                                   |  |                                      |                                       |                               |                    |                         |                | ND. Th                               | ne Managemen   | e of Hoolth and  |
| Has a suitable and s<br>requiring this permi   |                            | isk assessm                       | ent been ui                                  | ndertake                             | en for the t                          | task                          | 'ES                | Ol                      | NO             | Safety<br>amen<br>five or<br>signifi | at Work Regulated) require the more employed cant findings o | ations 1999 (as<br>at organisations wi<br>es record the<br>fassessments and    |
| Has a method state   | ment beer                  | n undertake                       | en for this to                               | ask?                                 |                                       | (C)                           | 'ES                | O                       | NO             | assess<br>must<br>Devel              | be submitted to<br>opment Depart                             | hily at risk. Risk<br>hod statements<br>Estates & Capital<br>ment in advance o |
|  |                            |                                   |  | PRI                                  | ECAUTIO                               | NS                            |                    |                         |                | works                                | commencing.  |  |
| Smoke/Heat detector<br>minutes after work ha   |                            |                                   | by the Unive                                 | ersity on t                          | he strict un                          | derstandin                    | g that i           | <b>ALL</b> cover        | s are re       | moved                                | no soonei  | than 15  |
| Where dust, fume or s  | moke has k                 | oeen severe,                      | the contract                                 | or <b>MUST</b>                       | notify Secu                           | ırity on <u>012</u>           | 1 204 4            | 803 <b>PRIO</b>         | <b>R</b> to re | moving                               | any cover  | S.   |
| This permit is only va-<br>end of the working da<br>COVERED overnight U<br>By signing the authori<br>being removed in acco | y. At that ti<br>JNLESS wo | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belo | ust be ret<br>uring tha<br>w, the Co | turned to E<br>t time.<br>ntractor is | states or Se<br>agreeing th   | curity.<br>at shou | Smoke/H<br>uld a fire f | eat deto       | ector he                             | eads <b>MUS</b><br>eed due to                                | <b>NOT</b> remai   |
| What measures are in pl.<br>control dust, fume and v   |                            |                                   |  |                                      |                                       |                               |                    |                         |                |                                      |  |  |
|  |                            |                                   |  |                                      | ENCY CON                              | NTACTS<br>with the w          | ork)               |                         |                |                                      |  |  |
| Name:  |                            |                                   | Position                                     | :                                    |                                       |                               |                    | Conta                   | act:           |                                      |  |  |
|  |                            |                                   | AUTH   | ORISATI                              | ON AND                                | ACCEPTA                       | NCE                |                         |                |                                      |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                            |                                   |  |                                      |                                       |                               |                    |                         |                | arry out t                           | he work as   | defined above  |
| Permit Acceptor:   |                            |                                   | Signature:                                   |                                      |                                       |                               | Vali               | d From:                 | Time:          |                                      | Date   | :  |
| Company:   |                            |                                   | Permit Issuer                                | :                                    |                                       |                               | Vali               | d To:                   | Time:          |                                      | Date   | :  |
|  |                            |                                   | HANDBA                                       | CK, REC                              | EIPT AND                              | CANCELL                       | ATIO               | N .                     |                |                                      |  |  |
| l confirm that the activity  | has been co                | ompleted, che                     | cked by mysel                                | f and the a                          | area left secu                        | ire and in a s                | afe and            | tidy condit             | ion.           |                                      |  |  |
| Permit Acceptor:   |                            |                                   |  | Signatu                              | ure:                                  |                               |                    |                         | Time:          |                                      | Date   | :  |
|  | SECI                       | <u>URITY</u>                      |  |                                      |                                       |                               | <b>ESTA</b>        | TES & CA                | APITAL         | DEVE                                 | LOPMEN   | IT   |
| I acknowledge receipt of<br>in charge has left the are   |                            |                                   |  |                                      |                                       | am satisfied<br>permit and th |                    |                         |                |                                      |  | dance with thi<br>ion.   |
|  | Tim                        | e:                                | Date:  |                                      | 1                                     |                               |                    |                         | Time:          |                                      | Date   | :  |

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| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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|--|----------------------|--|---|---------------------------------------|---|----------------------------|--------------|----------|------------|----------|-----------------------------|---|--|---|
| Contractor:  |                      |  |   | Permit Ac                             | cceptor:                                |                            |              |          |            |          |                             | will k  | oe/ha  | detectors<br>ve been*                                 |
| Building:  |                      |  |   | Floor Nur                             | mber:                                   |                            |              |          |            |          |                             |   |  | (delete as<br>oriate).                                |
| Corridor:  |                      |  |   | Room Nu                               | ımber(s):                               |                            |              |          |            |          |                             |   |  |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detec  | isolate              |  |   |                                       |   |                            |              |          |            |          | NR·                         | The Manac   | ement o  | f Health and  |
| Has a suitable and requiring this pern   |                      | nt risk assessm  | nent been u                                   | ndertake                              | en for the                              | task                       | YES          | S        | 01         | NO       | Safe<br>ame<br>five<br>sigr | ety at Work<br>ended) requ<br>or more en<br>nificant find | Regulati<br>iire that<br>aployees<br>ings of a | ons 1999 (as<br>organisations wi                      |
| Has a method state   | ement b              | een undertak   | en for this t                                 | ask?                                  |   |                            | YES          | S        | $\bigcirc$ | NO       | asse<br>mu:<br>Dev          | essments ar<br>st be submi<br>relopment l                 | nd metho<br>tted to E<br>Departm               | od statements<br>states & Capital<br>ent in advance o |
|  |                      |  |   | PR                                    | ECAUTIO                                 | NS                         |              |          |            |          | wor                         | rks commer  | icing.   |   |
| Smoke/Heat detecto<br>minutes after work h<br>Where dust, fume or  | as comp              | leted.   |   | ·                                     |   |                            | _            |          |            |          |                             |   |  |   |
| This permit is only wend of the working decoration of the working decoration of the authous signing the authous decoration accoration of the authous decoration accoration of the authous decoration of  | lay. At th<br>UNLESS | at time, <b>ALL</b> cor<br>work is being under the second of the s | vers issued m<br>undertaken d<br>section belo | nust be re<br>luring tha<br>w, the Co | turned to E<br>at time.<br>ontractor is | states or agreeing         | Secu<br>that | rity. Sn | noke/He    | eat dete | ector l<br>e dete           | neads <b>N</b><br>cted du                                 | IUST<br>e to a                                 | NOT remain  |
| What measures are in p<br>control dust, fume and   |                      |  |   |                                       |   |                            |              |          |            |          |                             |   |  |   |
|  |                      |  | (Perso  |                                       | ENCY COI                                |                            | wor          | k)       |            |          |                             |   |  |   |
| Name:  |                      |  | Position                                      | ı:                                    |   |                            |              |          | Conta      | ıct:     |                             |   |  |   |
|  |                      |  |   |                                       | ION AND                                 |                            |              |          |            |          |                             |   |  |   |
| I confirm that I have ver<br>and the conditions of th  |                      |  |   |                                       |   |                            |              |          |            |          | arry ou                     | t the wo  | rk as d  | efined above  |
| Permit Acceptor:   |                      |  | Signature:                                    |                                       |   |                            |              | Valid    | From:      | Time:    |                             |   | Date:  |   |
| Company:   |                      |  | Permit Issue                                  | r:                                    |   |                            |              | Valid    | То:        | Time:    |                             |   | Date:  |   |
|  |                      |  | HANDBA  |                                       |   |                            |              |          |            |          |                             |   |  |   |
| I confirm that the activi  | ty has bee           | en completed, che  | ecked by myse                                 | If and the a                          | area left secu                          | ure and in a               | a safe       | and tid  | y condit   | on.      |                             |   |  |   |
| Permit Acceptor:   |                      |  |   | Signat                                | ure:                                    |                            |              |          |            | Time:    |                             |   | Date:  |   |
|  |                      | <u>ECURITY</u>   |   |                                       |   |                            |              |          |            |          |                             | ELOP  |  |   |
| I acknowledge receipt of the areas left the areas l |                      |  |   |                                       |   | l am satisfi<br>permit and |              |          |            |          |                             |   |  | ince with thi   |
|  |                      | Time:  | Date:   |                                       |   |                            |              |          |            | Time:    |                             |   | Date:  |   |

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|---|---|---|--|---|--|--|--|---------------------|----------------------|-----------------------------|--|--|
| Contractor:   |   |   |  | Permit Ac   | ceptor:  |  |  |                     |                      |                             | will be/ha   | detectors ve been*   |
| Building:   |   |   |  | Floor Nun   | nber:  |  |  |                     |                      |                             |  | ? (delete as oriate).  |
| Corridor:   |   |   |  | Room Nu   | mber(s):   |  |  |                     |                      |                             |  |  |
| Job Details (includi<br>reason for need to<br>smoke/heat detect   | isolate   |   |  |   |  |  |  |                     |                      |                             |  |  |
| Has a suitable and s<br>requiring this perm   |   | risk assessm  | nent been u  | ndertake  | en for the tas   | k OYE  | ES .   | 01                  | NO                   | Safe<br>ame<br>five<br>sign | The Management of<br>ety at Work Regulat<br>ended) require that<br>or more employee<br>officant findings of a<br>nify those especial | ions 1999 (as<br>organisations with<br>s record the<br>assessments and |
| Has a method state  | ment bee  | n undertak  | en for this to   | ask?  |  | ○ YE   | S  | $\bigcirc$          | 10                   | asse                        | essments and meth<br>st be submitted to I<br>relopment Departm   | od statements<br>Estates & Capital                                     |
|   |   |   |  | PR  | ECAUTIONS  |  |  |                     |                      | wor                         | ks commencing.   |  |
| minutes after work has Where dust, fume or s This permit is only wend of the working da COVERED overnight By signing the author being removed in acco | alid for on<br>ay. At that t<br>UNLESS we<br>isation and<br>ordance w | been severe<br>e 24hr perio<br>time, ALL co<br>ork is being<br>I acceptance | od and it is a devers issued mundertaken de section belotion form, the | condition<br>nust be ret<br>luring tha<br>w, the Co<br>e Contract | of issue that<br>turned to Esta<br>t time.<br>ntractor is ag | the persor<br>tes or Sect<br>reeing that<br>d liable for | n in cha<br>urity. Sr<br>t should<br>r any los | rge ensu<br>moke/He | ires the<br>eat dete | e remo                      | oval of <b>ALL</b> coneads <b>MUST</b>   | overs at the <b>NOT</b> remain   |
| Name:   |   |   | Position   | n:  |  |  |  | Conta               | ıct:                 |                             |  |  |
|   |   |   | AUTH   | ORISATI   | ION AND AC   | CEPTAN   | ICE  |                     |                      |                             |  |  |
| I confirm that I have veri<br>and the conditions of th  |   |   | n and ensured  | that the ne   | ecessary precau  | tions have l   | been tak                                       |                     |                      | arry ou                     | t the work as d  | efined above   |
| Permit Acceptor:  |   |   | Signature:   |   |  |  | Valid  | From:               | Time:                |                             | Date:  |  |
| Company:  |   |   | Permit Issue   | r:  |  |  | Valid  | То:                 | Time:                |                             | Date:  |  |
|   |   |   | HANDRA   | CK. RFC   | EIPT AND C   | ANCELL A   | NOITA  |                     |                      |                             |  |  |
| I confirm that the activity   | y has been c  | ompleted, ch  |  |   |  |  |  | dy condit           | on.                  |                             |  |  |
| Permit Acceptor:  |   |   |  | Signati   | ure:   |  |  |                     | Time:                |                             | Date:  |  |
|   | SEC   | <u>URITY</u>  |  |   |  | E  | STATI  | ES & CA             | PITAL                | DEV                         | ELOPMENT   | [  |
| I acknowledge receipt of<br>in charge has left the are  |   |   |  |   |  |  |  |                     |                      |                             | eted in accordand tidy condition   |  |
|   | Tim   | ne:   | Date:  |   |  |  |  |                     | Time:                |                             | Date:  |  |

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| Contractor:   |                                | Perr               | nit Acceptor:          |              |              | How many detectors will be/have been*   |  |  |  |  |  |
|---|--------------------------------|--------------------|------------------------|--------------|--------------|---|--|--|--|--|--|
| Building:   |                                | Floo               | or Number:             |              |              | covered? (delete as appropriate).   |  |  |  |  |  |
| Corridor:   |                                | Roo                | m Number(s):           |              |              |   |  |  |  |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate                          | ,                  |                        |              |              | NB: The Management of Health and  |  |  |  |  |  |
| Has a suitable and su<br>requiring this permit  |                                | ent been under     | rtaken for the tasl    | YES          | ○ NO         | Safety at Work Regulations 1999 (as<br>amended) require that organisations with<br>five or more employees record the<br>significant findings of assessments and |  |  |  |  |  |
| Has a method staten   | nent been undertak             | en for this task?  |                        | YES          | ○ NO         | identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of           |  |  |  |  |  |
|   | works commencing.  PRECAUTIONS |                    |                        |              |              |   |  |  |  |  |  |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed. |                                |                    |                        |              |              |   |  |  |  |  |  |
| Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> to removing any covers.                              |                                |                    |                        |              |              |   |  |  |  |  |  |
|   | v. At that time, <b>ALL</b> co | vers issued must k | oe returned to Estat   |              |              | removal of <b>ALL</b> covers at the ctor heads <b>MUST NOT</b> remain   |  |  |  |  |  |
|   |                                |                    |                        |              |              | detected due to a cover not<br>age sustained as a result.   |  |  |  |  |  |
| What measures are in pla<br>control dust, fume and va   |                                |                    |                        |              |              |   |  |  |  |  |  |
|   |                                |                    | ERGENCY CONTA          |              |              |   |  |  |  |  |  |
| Name:   |                                | Position:          |                        |              | Contact:     |   |  |  |  |  |  |
|   |                                | AUTHORI            | SATION AND AC          | CEPTANCE     |              |   |  |  |  |  |  |
| I confirm that I have verifi<br>and the conditions of this  |                                |                    |                        |              |              | ry out the work as defined above  |  |  |  |  |  |
| Permit Acceptor:  |                                | Signature:         |                        | Valid        | From: Time:  | Date:   |  |  |  |  |  |
| Company:  |                                | Permit Issuer:     |                        | Valid        | Time:        | Date:   |  |  |  |  |  |
|   |                                | LIANDDAGU          | DECEMBER AND CO        | NICELLATION  |              |   |  |  |  |  |  |
| I confirm that the activity   | has been completed, ch         |                    | the area left secure a |              |              |   |  |  |  |  |  |
| Permit Acceptor:  |                                | S                  | ignature:              |              | Time:        | Date:   |  |  |  |  |  |
|   | <u>SECURITY</u>                |                    |                        | <u>ESTAT</u> | ES & CAPITAL | DEVELOPMENT   |  |  |  |  |  |
| I acknowledge receipt of t<br>in charge has left the area   |                                |                    |                        |              |              | ompleted in accordance with this afe and tidy condition.  |  |  |  |  |  |
|   | Time:                          | Date:              |                        |              | Time:        | Date:   |  |  |  |  |  |

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| Contractor:   |                                | Perr               | nit Acceptor:          |              |              | How many detectors will be/have been*   |  |  |  |  |  |
|---|--------------------------------|--------------------|------------------------|--------------|--------------|---|--|--|--|--|--|
| Building:   |                                | Floo               | or Number:             |              |              | covered? (delete as appropriate).   |  |  |  |  |  |
| Corridor:   |                                | Roo                | m Number(s):           |              |              |   |  |  |  |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate                          | ,                  |                        |              |              | NB: The Management of Health and  |  |  |  |  |  |
| Has a suitable and su<br>requiring this permit  |                                | ent been under     | rtaken for the tasl    | YES          | ○ NO         | Safety at Work Regulations 1999 (as<br>amended) require that organisations with<br>five or more employees record the<br>significant findings of assessments and |  |  |  |  |  |
| Has a method staten   | nent been undertak             | en for this task?  |                        | YES          | ○ NO         | identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of           |  |  |  |  |  |
|   | works commencing.  PRECAUTIONS |                    |                        |              |              |   |  |  |  |  |  |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed. |                                |                    |                        |              |              |   |  |  |  |  |  |
| Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> to removing any covers.                              |                                |                    |                        |              |              |   |  |  |  |  |  |
|   | v. At that time, <b>ALL</b> co | vers issued must k | oe returned to Estat   |              |              | removal of <b>ALL</b> covers at the ctor heads <b>MUST NOT</b> remain   |  |  |  |  |  |
|   |                                |                    |                        |              |              | detected due to a cover not<br>age sustained as a result.   |  |  |  |  |  |
| What measures are in pla<br>control dust, fume and va   |                                |                    |                        |              |              |   |  |  |  |  |  |
|   |                                |                    | ERGENCY CONTA          |              |              |   |  |  |  |  |  |
| Name:   |                                | Position:          |                        |              | Contact:     |   |  |  |  |  |  |
|   |                                | AUTHORI            | SATION AND AC          | CEPTANCE     |              |   |  |  |  |  |  |
| I confirm that I have verifi<br>and the conditions of this  |                                |                    |                        |              |              | ry out the work as defined above  |  |  |  |  |  |
| Permit Acceptor:  |                                | Signature:         |                        | Valid        | From: Time:  | Date:   |  |  |  |  |  |
| Company:  |                                | Permit Issuer:     |                        | Valid        | Time:        | Date:   |  |  |  |  |  |
|   |                                | LIANDDAGU          | DECEMBER AND CO        | NICELLATION  |              |   |  |  |  |  |  |
| I confirm that the activity   | has been completed, ch         |                    | the area left secure a |              |              |   |  |  |  |  |  |
| Permit Acceptor:  |                                | S                  | ignature:              |              | Time:        | Date:   |  |  |  |  |  |
|   | <u>SECURITY</u>                |                    |                        | <u>ESTAT</u> | ES & CAPITAL | DEVELOPMENT   |  |  |  |  |  |
| I acknowledge receipt of t<br>in charge has left the area   |                                |                    |                        |              |              | ompleted in accordance with this afe and tidy condition.  |  |  |  |  |  |
|   | Time:                          | Date:              |                        |              | Time:        | Date:   |  |  |  |  |  |

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|--|--|---------------------------------------|-----|---------------|-----------|-------------|------------|---------|-------|--------------|-----------|------------------------|--|--|
| Contractor:  |  |                                       |     |               | Permit Ac | ceptor:     |            |         |       |              |           |                        | will   | many detectors<br>be/have been*  |
| Building:  |  |                                       |     |               | Floor Num | nber:       |            |         |       |              |           |                        | CO   | vered? (delete as appropriate).  |
| Corridor:  |  |                                       |     |               | Room Nur  | mber(s):    |            |         |       |              |           |                        |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto   | solate   |                                       |     |               |           |             |            |         |       |              |           |                        |  |  |
| Has a suitable and su<br>requiring this permit   |  | risk assessm                          | nen | t been ur     | ndertake  | n for the t | ask        | ○ YE    | :S    | $\bigcirc$ l | 10        | Sa<br>an<br>fiv<br>siç | fety at Wo<br>nended) re<br>e or more<br>gnificant fii | agement of Health and<br>rk Regulations 1999 (as<br>quire that organisations with<br>employees record the<br>ndings of assessments and<br>e especially at risk. Risk |
| Has a method staten  | nent be  | en undertak                           | en  | for this ta   | sk?       |             |            | ○ YE    | S     | $\bigcirc$ 1 | 10        | as<br>m<br>De          | sessments<br>ust be sub<br>evelopmen                   | and method statements<br>mitted to Estates & Capital<br>t Department in advance of   |
|  |  |                                       |     |               | PRI       | ECAUTIO     | NS         |         |       |              |           | W                      | orks comm  | encing.  |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed.  |  |                                       |     |               |           |             |            |         |       |              |           |                        |  |  |
| Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> to removing any covers.   |  |                                       |     |               |           |             |            |         |       |              |           |                        |  |  |
| end of the working day   | 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 authoris<br>being removed in acco   |  |                                       |     |               |           |             |            |         |       |              |           |                        |  |  |
| What measures are in pla<br>control dust, fume and va  |  |                                       |     |               |           |             |            |         |       |              |           |                        |  |  |
|  |  |                                       |     |               | EMERGE    | NCY CON     | ITA        | CTS     |       |              |           |                        |  |  |
|  |  |                                       |     |               |           | nnected v   |            |         | rk)   |              |           |                        |  |  |
| Name:  |  |                                       |     | Position:     |           |             |            |         |       | Conta        | ıct:      |                        |  |  |
|  |  |                                       |     | ΔΙΙΤΗ         | ) RISATI  | ON AND      | <i>۵۲۲</i> | FDTΔN   | CF    |              |           |                        |  |  |
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| I confirm that I have verifi<br>and the conditions of this   |  |                                       |     |               |           |             |            |         |       |              |           |                        | ut the w   | ork as defined above   |
| Permit Acceptor:   |  |                                       | Sig | gnature:      |           |             |            |         | Valid | From:        | Time      | :                      |  | Date:  |
| Company:   |  |                                       | Pe  | ermit Issuer: |           |             |            |         | Valid | То:          | Time      | :                      |  | Date:  |
|  |  |                                       | F   | HANDBAG       | CK. RFC   | EIPT AND    | CAI        | NCELL 4 | ATION |              |           |                        |  |  |
| I confirm that the activity  | has been   | completed, che                        |     |               |           |             |            |         |       | dy conditi   | on.       |                        |  |  |
| Permit Acceptor:   |  |                                       |     |               | Signatu   | ıre:        |            |         |       |              | Time      | :                      |  | Date:  |
|  | SEC  | CURITY                                |     |               |           |             |            | E       | STAT  | ES & CA      | PITA      | AL DE                  | VELOF  | MENT   |
| I acknowledge receipt of in charge has left the area   |  |                                       |     |               |           |             |            |         |       |              |           |                        |  | accordance with this condition.  |
|  | т:   | mai                                   |     | Data          |           |             |            |         |       |              | Time      |                        |  | Dates  |

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|---|---------------|--------------------------------------|-------------------------------|--------------------------|------------------------|----------------------|-------|-------------------------------------|-----------------|---|--|---|
| Contractor:   |               |                                      |                               | Permit Ac                | ceptor:                |                      |       |                                     |                 | wil   | l be/ha  | detectors<br>ve been*   |
| Building:   |               |                                      |                               | Floor Num                | nber:                  |                      |       |                                     |                 |   | approp   | (delete as<br>oriate).  |
| Corridor:   |               |                                      |                               | Room Nui                 | mber(s):               |                      |       |                                     |                 |   |  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate         |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| Has a suitable and su<br>requiring this permit  |               | sk assessm                           | ent been u                    | ndertake                 | en for the             | task O               | YES   | 0                                   | NO              | Safety at We<br>amended) r<br>five or more<br>significant f | ork Regulati<br>equire that<br>e employees<br>indings of a | f Health and<br>ons 1999 (as<br>organisations with<br>record the<br>ssessments and<br>y at risk. Risk |
| Has a method staten   | nent been     | undertake                            | en for this to                | ask?                     |                        | 0                    | YES   | 0                                   | NO              | assessment<br>must be sub                                   | s and metho<br>omitted to E<br>nt Departm                  | od statements<br>states & Capital<br>ent in advance of  |
|   |               |                                      |                               | PRI                      | ECAUTIO                | NS                   |       |                                     |                 | Works com   | nenemg.  |   |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed. |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| Where dust, fume or sr  | noke has b    | een severe,                          | the contract                  | or <b>MUST</b>           | notify Secu            | ırity on <u>012</u>  | 21 20 | <u>04 4803</u> <b>PRIC</b>          | <b>DR</b> to re | moving any  | covers.  |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris  | /. At that ti | me, <b>ALL</b> cov<br>ork is being u | vers issued m<br>Indertaken d | ust be ret<br>luring tha | turned to E<br>t time. | states or Se         | ecur  | ity. Smoke/H                        | leat det        | ector heads   | MUST   | <b>NOT</b> remain   |
| being removed in acco   |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| What measures are in pla<br>control dust, fume and va   |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
|   |               |                                      |                               |                          | nnected v              | NTACTS<br>vith the w | ork   | )                                   |                 |   |  |   |
| Name:   |               |                                      | Position                      | :                        |                        |                      |       | Cont                                | act:            |   |  |   |
|   |               |                                      | AUTH                          | ORISATI                  | ON AND                 | ACCEPTA              | NC    | E                                   |                 |   |  |   |
| I confirm that I have verifi<br>and the conditions of this  |               |                                      |                               |                          |                        |                      |       |                                     |                 | arry out the v  | vork as d  | efined above  |
| Permit Acceptor:  |               |                                      | Signature:                    |                          |                        |                      | \     | /alid From:                         | Time:           |   | Date:  |   |
| Company:  |               |                                      | Permit Issuer                 | :                        |                        |                      |       | /alid To:                           | Time:           |   | Date:  |   |
|   |               |                                      | HANDBA                        | CK, REC                  | EIPT AND               | CANCELI              | LAT   | <u>ION</u>                          |                 |   |  |   |
| I confirm that the activity   | has been co   | mpleted, che                         | cked by myse                  | lf and the a             | area left secu         | re and in a s        | afe a | and tidy condi                      | tion.           |   |  |   |
| Permit Acceptor:  |               |                                      |                               | Signatu                  | ure:                   |                      |       |                                     | Time:           |   | Date:  |   |
|   | SECU          | <u>JRITY</u>                         |                               |                          |                        |                      | ES    | TATES & C                           | APITA           | L DEVELO  | PMEN1  |   |
| I acknowledge receipt of in charge has left the area  |               |                                      |                               |                          |                        |                      |       | t the activity h<br>rea left secure |                 |   |  |   |
|   | Time          | ٠.                                   | Date:                         |                          |                        |                      |       |                                     | Time:           |   | Date:  |   |

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|--|--------------|-----------------------------------|--------------------------------|---------------|-------------|----------|------|-----------------|--------|-----------------------------|--|--|
| Contractor:  |              |                                   |                                | Permit Ac     | ceptor:     |          |      |                 |        |                             | will be/h  | y detectors<br>ave been*   |
| Building:  |              |                                   |                                | Floor Nun     | nber:       |          |      |                 |        |                             |  | l? (delete as opriate).  |
| Corridor:  |              |                                   |                                | Room Nu       | mber(s):    |          |      |                 |        |                             |  |  |
| Job Details (including reason for need to is smoke/heat detectors)   | solate       |                                   |                                |               |             |          |      |                 |        |                             |  |  |
| Has a suitable and su<br>requiring this permit   |              | isk assessm                       | nent been u                    | ndertake      | n for the t | ask O    | /ES  | OI              | NO     | Safe<br>ame<br>five<br>sign | or more employe  | ations 1999 (as<br>at organisations with<br>es record the<br>f assessments and |
| Has a method stater  | ment bee     | n undertak                        | en for this t                  | ask?          |             | 0)       | /ES  | OI              | NO     | asse<br>mus<br>Dev          | essments and met<br>st be submitted to<br>relopment Depart |  |
|  |              |                                   |                                | PR            | ECAUTION    | IS       |      |                 |        | wor                         | ks commencing.   |  |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed.  Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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 <b>ALL</b> covers at the end of the working day. At that time, <b>ALL</b> covers issued must be returned to Estates or Security. Smoke/Heat detector heads <b>MUST NOT</b> remain <b>COVERED</b> overnight <b>UNLESS</b> 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 pla<br>control dust, fume and v   |              |                                   |                                |               |             |          |      |                 |        |                             |  |  |
|  |              |                                   |                                |               | ENCY CON    |          | ork) |                 |        |                             |  |  |
| Name:  |              |                                   | Position                       | :             |             |          |      | Conta           | act:   |                             |  |  |
|  |              |                                   | AUTH                           | ORISATI       | ION AND A   | CCEPTA   | NCE  |                 |        |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this   |              |                                   |                                |               |             |          |      |                 |        |                             | t the work as  | defined above  |
| Permit Acceptor:   |              |                                   | Signature:                     |               |             |          | V    | alid From:      | Time:  |                             | Date   | :  |
| Company:   |              |                                   | Permit Issue                   | <i>"</i> :    |             |          | V    | alid To:        | Time:  |                             | Date   | :  |
|  |              |                                   | <u>HANDB</u> A                 | CK, REC       | EIPT AND    | CANCELI  | LATI | <u>ON</u>       |        |                             |  |  |
| I confirm that the activity  | has been co  | ompleted, che                     |                                |               |             |          |      |                 | ion.   |                             |  |  |
| Permit Acceptor:   |              |                                   |                                | Signatu       | ure:        |          |      |                 | Time:  |                             | Date   | :  |
|  | SEC          | <u>URITY</u>                      |                                |               |             |          | ES1  | ATES & CA       | APITAI | DEV                         | ELOPMEN  | IT   |
| I acknowledge receipt of<br>in charge has left the area  | this form ha | aving been inf<br>d in a safe and | formed that the tidy condition | e person      |             |          |      | the activity ha |        |                             |  | dance with this ion.   |
|  | Tim          | ne.                               | Date:                          |               | 1 1         |          |      |                 | Time   |                             | Date   |  |

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| Aston University   |               |                                      | <u>15\</u>                    | <u> </u>                 | 01110                  | <u> 11171</u>        |       |                                     |                 |   |  |   |
|--|---------------|--------------------------------------|-------------------------------|--------------------------|------------------------|----------------------|-------|-------------------------------------|-----------------|---|--|---|
| Contractor:  |               |                                      |                               | Permit Ac                | ceptor:                |                      |       |                                     |                 | wil   | l be/ha  | detectors<br>ve been*   |
| Building:  |               |                                      |                               | Floor Num                | nber:                  |                      |       |                                     |                 |   | approp   | (delete as<br>oriate).  |
| Corridor:  |               |                                      |                               | Room Nui                 | mber(s):               |                      |       |                                     |                 |   |  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto                               | olate         |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| Has a suitable and su<br>requiring this permit   |               | sk assessm                           | ent been u                    | ndertake                 | en for the             | task O               | YES   | 0                                   | NO              | Safety at We<br>amended) r<br>five or more<br>significant f | ork Regulati<br>equire that<br>e employees<br>indings of a | f Health and<br>ons 1999 (as<br>organisations with<br>record the<br>ssessments and<br>y at risk. Risk |
| Has a method staten  | nent been     | undertake                            | en for this to                | ask?                     |                        | 0                    | YES   | 0                                   | NO              | assessment<br>must be sub                                   | s and metho<br>omitted to E<br>nt Departm                  | od statements<br>states & Capital<br>ent in advance of  |
|  |               |                                      |                               | PRI                      | ECAUTIO                | NS                   |       |                                     |                 | Works com   | nenemg.  |   |
| Smoke/Heat detector h<br>minutes after work has  |               |                                      | by the Unive                  | ersity on tl             | he strict un           | derstandin           | ng th | at <b>ALL</b> cove                  | rs are re       | emoved no   | sooner t   | han 15  |
| Where dust, fume or sr   | noke has b    | een severe,                          | the contract                  | or <b>MUST</b>           | notify Secu            | ırity on <u>012</u>  | 21 20 | <u>04 4803</u> <b>PRIC</b>          | <b>DR</b> to re | moving any  | covers.  |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris | /. At that ti | me, <b>ALL</b> cov<br>ork is being u | vers issued m<br>Indertaken d | ust be ret<br>luring tha | turned to E<br>t time. | states or Se         | ecur  | ity. Smoke/H                        | leat det        | ector heads   | MUST   | <b>NOT</b> remain   |
| being removed in acco  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| What measures are in pla<br>control dust, fume and va  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
|  |               |                                      |                               |                          | nnected v              | NTACTS<br>vith the w | ork   | )                                   |                 |   |  |   |
| Name:  |               |                                      | Position                      | :                        |                        |                      |       | Cont                                | act:            |   |  |   |
|  |               |                                      | AUTH                          | ORISATI                  | ON AND                 | ACCEPTA              | NC    | E                                   |                 |   |  |   |
| I confirm that I have verifi<br>and the conditions of this   |               |                                      |                               |                          |                        |                      |       |                                     |                 | arry out the v  | vork as d  | efined above  |
| Permit Acceptor:   |               |                                      | Signature:                    |                          |                        |                      | \     | /alid From:                         | Time:           |   | Date:  |   |
| Company:   |               |                                      | Permit Issuer                 | :                        |                        |                      |       | /alid To:                           | Time:           |   | Date:  |   |
|  |               |                                      | HANDBA                        | CK, REC                  | EIPT AND               | CANCELI              | LAT   | <u>ION</u>                          |                 |   |  |   |
| I confirm that the activity  | has been co   | mpleted, che                         | cked by myse                  | lf and the a             | area left secu         | re and in a s        | afe a | and tidy condi                      | tion.           |   |  |   |
| Permit Acceptor:   |               |                                      |                               | Signatu                  | ure:                   |                      |       |                                     | Time:           |   | Date:  |   |
|  | SECU          | <u>JRITY</u>                         |                               |                          |                        |                      | ES    | TATES & C                           | APITA           | L DEVELO  | PMEN1  |   |
| I acknowledge receipt of in charge has left the area   |               |                                      |                               |                          |                        |                      |       | t the activity h<br>rea left secure |                 |   |  |   |
|  | Time          | ٠.                                   | Date:                         |                          |                        |                      |       |                                     | Time:           |   | Date:  |   |

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|--|------------------------|------------------------------|-------------------------------|----------------------|--------------------|----------|--|--|--|--|
| Contractor:  |                        | Permit .                     | Acceptor:                     |                      |                    |          | How many detectors will be/have been*  |  |  |  |
| Building:  |                        | Floor N                      | umber:                        |                      |                    |          | covered? (delete as appropriate).  |  |  |  |
| Corridor:  |                        | Room N                       | lumber(s):                    |                      |                    |          |  |  |  |  |
| Job Details (includir<br>reason for need to i<br>smoke/heat detecto  | solate                 |                              |                               |                      |                    |          | NB: The Management of Health and   |  |  |  |
| Has a suitable and s<br>requiring this permi   |                        | nent been underta            | ken for the tasl              | YES                  | ON                 | 10       | Safety at Work Regulations 1999 (as<br>amended) require that organisations with<br>five or more employees record the<br>significant findings of assessments and<br>identify those especially at risk. Risk |  |  |  |
| Has a method stater  | ment been undertal     | ken for this task?           |                               | ○ YES                | $\bigcirc$ $N$     | 10       | assessments and method statements<br>must be submitted to Estates & Capital<br>Development Department in advance of  |  |  |  |
|  |                        | P                            | RECAUTIONS                    |                      |                    |          | works commencing.  |  |  |  |
| Smoke/Heat detector<br>minutes after work ha   |                        | d by the University or       | the strict under              | rstanding that       | <b>ALL</b> covers  | are remo | oved no sooner than 15   |  |  |  |
| Where dust, fume or s  | moke has been severe   | e, the contractor <b>MUS</b> | <b>T</b> notify Security      | on <u>0121 204</u> 4 | 4803 <b>PRIO</b> I | to remo  | ving 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 pla<br>control dust, fume and v   |                        |                              |                               |                      |                    |          |  |  |  |  |
|  |                        |                              | GENCY CONT/<br>connected witl |                      |                    |          |  |  |  |  |
| Name:  |                        | Position:                    |                               |                      | Conta              | ct:      |  |  |  |  |
|  |                        |                              | TION AND AC                   |                      |                    |          |  |  |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                        |                              |                               |                      |                    |          | out the work as defined above  |  |  |  |
| Permit Acceptor:   |                        | Signature:                   |                               | Val                  | id From:           | Time:    | Date:  |  |  |  |
| Company:   |                        | Permit Issuer:               |                               | Val                  | id To:             | Time:    | Date:  |  |  |  |
|  |                        | HANDBACK, RE                 | CEIPT AND C                   | ANCELLATIO           | N                  |          |  |  |  |  |
| I confirm that the activity  | has been completed, ch | necked by myself and the     | e area left secure a          | and in a safe and    | tidy condition     | on.      |  |  |  |  |
| Permit Acceptor:   |                        | Sign                         | ature:                        |                      |                    | Time:    | Date:  |  |  |  |
|  | <u>SECURITY</u>        |                              |                               | ESTA                 | TES & CA           | PITAL D  | EVELOPMENT   |  |  |  |
| I acknowledge receipt of<br>in charge has left the are   |                        |                              |                               |                      |                    |          | npleted in accordance with this e and tidy condition.  |  |  |  |
|  | Time:                  | Date:                        |                               |                      |                    | Time:    | Date:  |  |  |  |

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|--|--|--|--|--|---|---|--------------------------------------|---|----------------------------------|-----------------------------|---|---|
| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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| Aston University   |               |                                      | <u>15\</u>                    | <u> </u>                 | 01110                  | <u> 11171</u>        |       |                                     |                 |   |  |   |
|--|---------------|--------------------------------------|-------------------------------|--------------------------|------------------------|----------------------|-------|-------------------------------------|-----------------|---|--|---|
| Contractor:  |               |                                      |                               | Permit Ac                | ceptor:                |                      |       |                                     |                 | wil   | l be/ha  | detectors<br>ve been*   |
| Building:  |               |                                      |                               | Floor Num                | nber:                  |                      |       |                                     |                 |   | approp   | (delete as<br>oriate).  |
| Corridor:  |               |                                      |                               | Room Nui                 | mber(s):               |                      |       |                                     |                 |   |  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto                               | olate         |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| Has a suitable and su<br>requiring this permit   |               | sk assessm                           | ent been u                    | ndertake                 | en for the             | task O               | YES   | 0                                   | NO              | Safety at We<br>amended) r<br>five or more<br>significant f | ork Regulati<br>equire that<br>e employees<br>indings of a | f Health and<br>ons 1999 (as<br>organisations with<br>record the<br>ssessments and<br>y at risk. Risk |
| Has a method staten  | nent been     | undertake                            | en for this to                | ask?                     |                        | 0                    | YES   | 0                                   | NO              | assessment<br>must be sub                                   | s and metho<br>omitted to E<br>nt Departm                  | od statements<br>states & Capital<br>ent in advance of  |
|  |               |                                      |                               | PRI                      | ECAUTIO                | NS                   |       |                                     |                 | Works com   | nenemg.  |   |
| Smoke/Heat detector h<br>minutes after work has  |               |                                      | by the Unive                  | ersity on tl             | he strict un           | derstandin           | ng th | at <b>ALL</b> cove                  | rs are re       | emoved no   | sooner t   | han 15  |
| Where dust, fume or sr   | noke has b    | een severe,                          | the contract                  | or <b>MUST</b>           | notify Secu            | ırity on <u>012</u>  | 21 20 | <u>04 4803</u> <b>PRIC</b>          | <b>DR</b> to re | moving any  | covers.  |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris | /. At that ti | me, <b>ALL</b> cov<br>ork is being u | vers issued m<br>Indertaken d | ust be ret<br>luring tha | turned to E<br>t time. | states or Se         | ecur  | ity. Smoke/H                        | leat det        | ector heads   | MUST   | <b>NOT</b> remain   |
| being removed in acco  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| What measures are in pla<br>control dust, fume and va  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
|  |               |                                      |                               |                          | nnected v              | NTACTS<br>vith the w | ork   | )                                   |                 |   |  |   |
| Name:  |               |                                      | Position                      | :                        |                        |                      |       | Cont                                | act:            |   |  |   |
|  |               |                                      | AUTH                          | ORISATI                  | ON AND                 | ACCEPTA              | NC    | E                                   |                 |   |  |   |
| I confirm that I have verifi<br>and the conditions of this   |               |                                      |                               |                          |                        |                      |       |                                     |                 | arry out the v  | vork as d  | efined above  |
| Permit Acceptor:   |               |                                      | Signature:                    |                          |                        |                      | \     | /alid From:                         | Time:           |   | Date:  |   |
| Company:   |               |                                      | Permit Issuer                 | :                        |                        |                      |       | /alid To:                           | Time:           |   | Date:  |   |
|  |               |                                      | HANDBA                        | CK, REC                  | EIPT AND               | CANCELI              | LAT   | <u>ION</u>                          |                 |   |  |   |
| I confirm that the activity  | has been co   | mpleted, che                         | cked by myse                  | lf and the a             | area left secu         | re and in a s        | afe a | and tidy condi                      | tion.           |   |  |   |
| Permit Acceptor:   |               |                                      |                               | Signatu                  | ure:                   |                      |       |                                     | Time:           |   | Date:  |   |
|  | SECU          | <u>JRITY</u>                         |                               |                          |                        |                      | ES    | TATES & C                           | APITA           | L DEVELO  | PMEN1  |   |
| I acknowledge receipt of in charge has left the area   |               |                                      |                               |                          |                        |                      |       | t the activity h<br>rea left secure |                 |   |  |   |
|  | Time          | ٠.                                   | Date:                         |                          |                        |                      |       |                                     | Time:           |   | Date:  |   |

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| Aston University  |  |                   | <u></u>       | <i></i> , <u>, , , , , , , , , , , , , , , , , , </u> |                 | <del></del> |        |                                     |          |                             |  |  |
|---|--|-------------------|---------------|---|-----------------|-------------|--------|-------------------------------------|----------|-----------------------------|--|--|
| Contractor:   |  |                   |               | Permit Ac   | cceptor:        |             |        |                                     |          |                             | will be/h  | y detectors<br>ave been*   |
| Building:   |  |                   |               | Floor Nur   | mber:           |             |        |                                     |          |                             |  | ? (delete as priate).  |
| Corridor:   |  |                   |               | Room Nu   | mber(s):        |             |        |                                     |          |                             |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate  |                   |               |   |                 |             |        |                                     |          |                             |  |  |
| Has a suitable and su<br>requiring this permit  |  | risk assessm      | ent been ur   | ndertake  | en for the ta   | ask _       | YES    | O                                   | NO       | Safe<br>ame<br>five<br>sign | or more employe<br>ificant findings of   | tions 1999 (as<br>t organisations with<br>es record the<br>assessments and |
| Has a method staten   | nent bee   | en undertake      | n for this ta | isk?  |                 | 0           | YES    | 0                                   | NO       | asse<br>mus<br>Dev          | ntify those especial<br>essments and met<br>st be submitted to<br>relopment Departicular<br>ks commencing. | nod statements   |
|   |  |                   |               | PR  | <b>ECAUTION</b> | I <u>S</u>  |        |                                     |          | ****                        | commencing.  |  |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed.   |  |                   |               |   |                 |             |        |                                     |          |                             |  |  |
| Where dust, fume or sr  | Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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 acco   | ordance w  | vith this isolati | on form, the  | Contract  | tor will be he  | eld liable  | for a  | ny loss, injur                      | y or dan | nage s                      | sustained as   | a result.  |
| What measures are in pla<br>control dust, fume and va   |  |                   |               |   |                 |             |        |                                     |          |                             |  |  |
|   |  |                   |               |   | ENCY CON        |             |        |                                     |          |                             |  |  |
|   |  |                   | (Perso        | n not co  | nnected w       | ith the v   | vork   | <u> </u>                            |          |                             |  |  |
| Name:   |  |                   | Position      | :   |                 |             |        | Conta                               | act:     |                             |  |  |
|   |  |                   | AUTH          | ORISAT  | ION AND A       | CCEPT       | ANC    | <u>E</u>                            |          |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this  |  |                   |               |   |                 |             |        |                                     |          | arry out                    | t the work as  | defined above  |
| Permit Acceptor:  |  |                   | Signature:    |   |                 |             |        | Valid From:                         | Time:    |                             | Date   |  |
| Company:  |  |                   | Permit Issuer | :   |                 |             |        | Valid To:                           | Time:    |                             | Date   |  |
|   |  |                   | HANDBA        | CK, REC   | EIPT AND        | CANCEL      | LA1    | <u> </u>                            |          |                             |  |  |
| I confirm that the activity   | has been   | completed, che    | cked by mysel | f and the a   | area left secur | e and in a  | safe a | and tidy condit                     | ion.     |                             |  |  |
| Permit Acceptor:  |  |                   |               | Signati   | ure:            |             |        |                                     | Time:    |                             | Date   |  |
| Tariman lad   |  | URITY             |               |   |                 |             |        | TATES & C                           |          |                             |  |  |
| I acknowledge receipt of in charge has left the area  |  |                   |               |   |                 |             |        | t the activity h<br>rea left secure |          |                             |  |  |
|   | Tin  | ne:               | Date:         |   |                 |             | _      |                                     | Time:    |                             | Date   |  |

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| Contractor:  |                            |                                   |  | Permit Ac                            | ceptor:                               |                               |                    |                         |                |                                      | will be/h  | y detectors<br>ave been*   |
|--|----------------------------|-----------------------------------|--|--------------------------------------|---------------------------------------|-------------------------------|--------------------|-------------------------|----------------|--------------------------------------|--|--|
| Building:  |                            |                                   |  | Floor Nun                            | nber:                                 |                               |                    |                         |                |                                      |  | l? (delete as opriate).  |
| Corridor:  |                            |                                   |  | Room Nui                             | mber(s):                              |                               |                    |                         |                |                                      |  |  |
| Job Details (includii<br>reason for need to i<br>smoke/heat detecto  | solate                     |                                   |  |                                      |                                       |                               |                    |                         |                | ND. Th                               | ne Managemen   | e of Hoolth and  |
| Has a suitable and s<br>requiring this permi   |                            | isk assessm                       | ent been ui                                  | ndertake                             | en for the t                          | task                          | 'ES                | Ol                      | NO             | Safety<br>amen<br>five or<br>signifi | at Work Regulated) require the more employed cant findings o | ations 1999 (as<br>at organisations wi<br>es record the<br>fassessments and    |
| Has a method state   | ment beer                  | n undertake                       | en for this to                               | ask?                                 |                                       | (C)                           | 'ES                | O                       | NO             | assess<br>must<br>Devel              | be submitted to<br>opment Depart                             | hily at risk. Risk<br>hod statements<br>Estates & Capital<br>ment in advance o |
|  |                            |                                   |  | PRI                                  | ECAUTIO                               | NS                            |                    |                         |                | works                                | commencing.  |  |
| Smoke/Heat detector<br>minutes after work ha   |                            |                                   | by the Unive                                 | ersity on tl                         | he strict un                          | derstandin                    | g that i           | <b>ALL</b> cover        | s are re       | moved                                | no soonei  | than 15  |
| Where dust, fume or s  | moke has k                 | oeen severe,                      | the contract                                 | or <b>MUST</b>                       | notify Secu                           | ırity on <u>012</u>           | 1 204 4            | 803 <b>PRIO</b>         | <b>R</b> to re | moving                               | any cover  | S.   |
| This permit is only va-<br>end of the working da<br>COVERED overnight U<br>By signing the authori<br>being removed in acco | y. At that ti<br>JNLESS wo | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belo | ust be ret<br>uring tha<br>w, the Co | turned to E<br>t time.<br>ntractor is | states or Se<br>agreeing th   | curity.<br>at shou | Smoke/H<br>uld a fire f | eat deto       | ector he                             | eads <b>MUS</b><br>eed due to                                | <b>NOT</b> remai   |
| What measures are in pl.<br>control dust, fume and v   |                            |                                   |  |                                      |                                       |                               |                    |                         |                |                                      |  |  |
|  |                            |                                   |  |                                      | ENCY CON                              | NTACTS<br>with the w          | ork)               |                         |                |                                      |  |  |
| Name:  |                            |                                   | Position                                     | :                                    |                                       |                               |                    | Conta                   | act:           |                                      |  |  |
|  |                            |                                   | AUTH   | ORISATI                              | ON AND                                | ACCEPTA                       | NCE                |                         |                |                                      |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                            |                                   |  |                                      |                                       |                               |                    |                         |                | arry out t                           | he work as   | defined above  |
| Permit Acceptor:   |                            |                                   | Signature:                                   |                                      |                                       |                               | Vali               | d From:                 | Time:          |                                      | Date   | :  |
| Company:   |                            |                                   | Permit Issuer                                | :                                    |                                       |                               | Vali               | d To:                   | Time:          |                                      | Date   | :  |
|  |                            |                                   | HANDBA                                       | CK, REC                              | EIPT AND                              | CANCELL                       | ATIO               | N .                     |                |                                      |  |  |
| l confirm that the activity  | has been co                | ompleted, che                     | cked by mysel                                | f and the a                          | area left secu                        | ire and in a s                | afe and            | tidy condit             | ion.           |                                      |  |  |
| Permit Acceptor:   |                            |                                   |  | Signatu                              | ure:                                  |                               |                    |                         | Time:          |                                      | Date   | :  |
|  | SECI                       | <u>URITY</u>                      |  |                                      |                                       |                               | <b>ESTA</b>        | TES & CA                | APITAL         | DEVE                                 | LOPMEN   | IT   |
| I acknowledge receipt of<br>in charge has left the are   |                            |                                   |  |                                      |                                       | am satisfied<br>permit and th |                    |                         |                |                                      |  | dance with thi<br>ion.   |
|  | Tim                        | e:                                | Date:  |                                      | 1                                     |                               |                    |                         | Time:          |                                      | Date   | :  |

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| Aston University  |           |                   | <u></u>       | <i></i> , <u>, , , , , , , , , , , , , , , , , , </u> |                 | <del></del> |        |                                     |          |                             |  |  |
|---|-----------|-------------------|---------------|---|-----------------|-------------|--------|-------------------------------------|----------|-----------------------------|--|--|
| Contractor:   |           |                   |               | Permit Ac   | cceptor:        |             |        |                                     |          |                             | will be/h  | y detectors<br>ave been*   |
| Building:   |           |                   |               | Floor Nur   | mber:           |             |        |                                     |          |                             |  | ? (delete as priate).  |
| Corridor:   |           |                   |               | Room Nu   | mber(s):        |             |        |                                     |          |                             |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate     |                   |               |   |                 |             |        |                                     |          |                             |  |  |
| Has a suitable and su<br>requiring this permit  |           | risk assessm      | ent been ur   | ndertake  | en for the ta   | ask _       | YES    | O                                   | NO       | Safe<br>ame<br>five<br>sign | or more employe<br>ificant findings of   | tions 1999 (as<br>t organisations with<br>es record the<br>assessments and |
| Has a method staten   | nent bee  | en undertake      | n for this ta | isk?  |                 | 0           | YES    | 0                                   | NO       | asse<br>mus<br>Dev          | ntify those especial<br>essments and met<br>st be submitted to<br>relopment Departicular<br>ks commencing. | nod statements   |
|   |           |                   |               | PR  | <b>ECAUTION</b> | I <u>S</u>  |        |                                     |          | ****                        | commencing.  |  |
| Smoke/Heat detector I<br>minutes after work has   |           |                   | by the Unive  |   |                 |             | ng th  | nat <b>ALL</b> covei                | s are re | move                        | d no sooner  | than 15  |
| Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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 acco   | ordance w | vith this isolati | on form, the  | Contract  | tor will be he  | eld liable  | for a  | ny loss, injur                      | y or dan | nage s                      | sustained as   | a result.  |
| What measures are in pla<br>control dust, fume and va   |           |                   |               |   |                 |             |        |                                     |          |                             |  |  |
|   |           |                   |               |   | ENCY CON        |             |        |                                     |          |                             |  |  |
|   |           |                   | (Perso        | n not co  | nnected w       | ith the v   | vork   | <u> </u>                            |          |                             |  |  |
| Name:   |           |                   | Position      | :   |                 |             |        | Conta                               | act:     |                             |  |  |
|   |           |                   | AUTH          | ORISAT  | ION AND A       | CCEPT       | ANC    | <u>E</u>                            |          |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this  |           |                   |               |   |                 |             |        |                                     |          | arry out                    | t the work as  | defined above  |
| Permit Acceptor:  |           |                   | Signature:    |   |                 |             |        | Valid From:                         | Time:    |                             | Date   |  |
| Company:  |           |                   | Permit Issuer | :   |                 |             |        | Valid To:                           | Time:    |                             | Date   |  |
|   |           |                   | HANDBA        | CK, REC   | EIPT AND        | CANCEL      | LA1    | <u> </u>                            |          |                             |  |  |
| I confirm that the activity   | has been  | completed, che    | cked by mysel | f and the a   | area left secur | e and in a  | safe a | and tidy condit                     | ion.     |                             |  |  |
| Permit Acceptor:  |           |                   |               | Signati   | ure:            |             |        |                                     | Time:    |                             | Date   |  |
| Tariman lad   |           | URITY             |               |   |                 |             |        | TATES & C                           |          |                             |  |  |
| I acknowledge receipt of in charge has left the area  |           |                   |               |   |                 |             |        | t the activity h<br>rea left secure |          |                             |  |  |
|   | Tin       | ne:               | Date:         |   |                 |             | _      |                                     | Time:    |                             | Date   |  |

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| Contractor:  |   | Permit Acc  | ceptor:                         |               |                  | How many detector will be/have been*  |
|--|---|---|---------------------------------|---------------|------------------|---|
| Building:  |   | Floor Num   | nber:                           |               |                  | covered? (delete as appropriate).   |
| Corridor:  |   | Room Nur  | mber(s):                        |               |                  |   |
| Job Details (includi<br>reason for need to i<br>smoke/heat detecto | solate  |   |                                 |               |                  | NB: The Management of Health and  |
| Has a suitable and s<br>requiring this permi                       |   | nent been undertake                                   | n for the task                  | YES           | ○NO              | Safety at Work Regulations 1999 (as amended) require that organisations w five or more employees record the significant findings of assessments and                 |
| Has a method state   | ment been undertak                                      | en for this task?                                     |                                 | YES           | ONO              | identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capita Development Department in advance works commencing. |
|  |   | PRI   | ECAUTIONS                       |               |                  | works commencing.   |
| minutes after work ha  | s completed.  | by the University on the the contractor <b>MUST</b>   |                                 | _             |                  | removed no sooner than 15 removing any covers.  |
| <b>COVERED</b> overnight <b>U</b> By signing the authori           | JNLESS work is being sation and acceptance              | undertaken during that<br>esection below, the Coi     | t time.<br>ntractor is agreeir  | g that should | d a fire fail to | etector heads <b>MUST NOT</b> rema<br>be detected due to a cover not<br>lamage sustained as a result.   |
| What measures are in pl<br>control dust, fume and v                |   |   |                                 |               |                  |   |
|  |   |   | ENCY CONTACT<br>nnected with th |               |                  |   |
| Name:  |   | Position:   |                                 |               | Contact:         |   |
|  |   | AUTHORISATI   | ON AND ACCE                     | PTANCE        |                  |   |
|  |   | n and ensured that the ne<br>been explained to all wo |                                 |               |                  | o carry out the work as defined abov<br>rk.   |
| Permit Acceptor:   |   | Signature:  |                                 | Valid         | From: Time       | e: Date:  |
| Company:   |   | Permit Issuer:  |                                 | Valid         | To: Time         | e: Date:  |
|  |   | HANDRACK DEC  |                                 | ELLATION      |                  |   |
| I confirm that the activity  | has been completed, che                                 | HANDBACK, RECI  |                                 |               | ly condition.    |   |
| Permit Acceptor:   |   | Signatu   | ıre:                            |               | Time             | e: Date:  |
|  | SECURITY  |   |                                 | ESTATI        | S & CAPIT        | AL DEVELOPMENT  |
|  | this form having been int<br>a secure and in a safe and |   |                                 |               |                  | en completed in accordance with th<br>n a safe and tidy condition.  |
|  | Time:   | Date:   |                                 |               | Time             | e: Date:  |

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| Aston University  |             |              | <u>15\</u>     | <u> </u>       | 01110          | <u> 11171</u>        |       |                                     |                 |   |  |   |
|---|-------------|--------------|----------------|----------------|----------------|----------------------|-------|-------------------------------------|-----------------|---|--|---|
| Contractor:   |             |              |                | Permit Ac      | ceptor:        |                      |       |                                     |                 | wil   | l be/ha  | detectors<br>ve been*   |
| Building:   |             |              |                | Floor Num      | nber:          |                      |       |                                     |                 |   | approp   | (delete as<br>oriate).  |
| Corridor:   |             |              |                | Room Nui       | mber(s):       |                      |       |                                     |                 |   |  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate       |              |                |                |                |                      |       |                                     |                 |   |  |   |
| Has a suitable and su<br>requiring this permit  |             | sk assessm   | ent been u     | ndertake       | en for the     | task O               | YES   | 0                                   | NO              | Safety at We<br>amended) r<br>five or more<br>significant f | ork Regulati<br>equire that<br>e employees<br>indings of a | f Health and<br>ons 1999 (as<br>organisations with<br>record the<br>ssessments and<br>y at risk. Risk |
| Has a method staten   | nent been   | undertake    | en for this to | ask?           |                | 0                    | YES   | 0                                   | NO              | assessment<br>must be sub                                   | s and metho<br>omitted to E<br>nt Departm                  | od statements<br>states & Capital<br>ent in advance of  |
|   |             |              |                | PRI            | ECAUTIO        | NS                   |       |                                     |                 | Works com   | nenemg.  |   |
| Smoke/Heat detector h<br>minutes after work has   |             |              | by the Unive   | ersity on tl   | he strict un   | derstandin           | ng th | at <b>ALL</b> cove                  | rs are re       | emoved no   | sooner t   | han 15  |
| Where dust, fume or sr  | noke has b  | een severe,  | the contract   | or <b>MUST</b> | notify Secu    | ırity on <u>012</u>  | 21 20 | <u>04 4803</u> <b>PRIC</b>          | <b>DR</b> to re | moving 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 acco   |             |              |                |                |                |                      |       |                                     |                 |   |  |   |
| What measures are in pla<br>control dust, fume and va   |             |              |                |                |                |                      |       |                                     |                 |   |  |   |
|   |             |              |                |                | nnected v      | NTACTS<br>vith the w | ork   | )                                   |                 |   |  |   |
| Name:   |             |              | Position       | :              |                |                      |       | Cont                                | act:            |   |  |   |
|   |             |              | AUTH           | ORISATI        | ON AND         | ACCEPTA              | NC    | E                                   |                 |   |  |   |
| I confirm that I have verifi<br>and the conditions of this  |             |              |                |                |                |                      |       |                                     |                 | arry out the v  | vork as d  | efined above  |
| Permit Acceptor:  |             |              | Signature:     |                |                |                      | \     | /alid From:                         | Time:           |   | Date:  |   |
| Company:  |             |              | Permit Issuer  | :              |                |                      |       | /alid To:                           | Time:           |   | Date:  |   |
|   |             |              | HANDBA         | CK, REC        | EIPT AND       | CANCELI              | LAT   | <u>ION</u>                          |                 |   |  |   |
| I confirm that the activity   | has been co | mpleted, che | cked by myse   | lf and the a   | area left secu | re and in a s        | afe a | and tidy condi                      | tion.           |   |  |   |
| Permit Acceptor:  |             |              |                | Signatu        | ure:           |                      |       |                                     | Time:           |   | Date:  |   |
|   | SECU        | <u>JRITY</u> |                |                |                |                      | ES    | TATES & C                           | APITA           | L DEVELO  | PMEN1  |   |
| I acknowledge receipt of in charge has left the area  |             |              |                |                |                |                      |       | t the activity h<br>rea left secure |                 |   |  |   |
|   | Time        | ٠.           | Date:          |                |                |                      |       |                                     | Time:           |   | Date:  |   |

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|--|--------------|--------------|----------------|---------------|-----------------|--------------|----------|------------|-------|-----------------------------|--|--|
| Contractor:  |              |              |                | Permit Ac     | ceptor:         |              |          |            |       |                             | will be/ha   | detectors ve been*   |
| Building:  |              |              |                | Floor Nun     | nber:           |              |          |            |       |                             |  | ? (delete as oriate).  |
| Corridor:  |              |              |                | Room Nu       | mber(s):        |              |          |            |       |                             |  |  |
| Job Details (includi<br>reason for need to<br>smoke/heat detect  | isolate      |              |                |               |                 |              |          |            |       |                             |  |  |
| Has a suitable and s<br>requiring this perm  |              | risk assessm | nent been u    | ndertake      | en for the tas  | k OYE        | ES .     | 01         | NO    | Safe<br>ame<br>five<br>sign | The Management of<br>ety at Work Regulat<br>ended) require that<br>or more employee<br>officant findings of a<br>nify those especial | ions 1999 (as<br>organisations with<br>s record the<br>assessments and |
| Has a method state   | ment bee     | n undertak   | en for this to | ask?          |                 | ○ YE         | S        | $\bigcirc$ | 10    | asse                        | essments and meth<br>st be submitted to I<br>relopment Departm   | od statements<br>Estates & Capital                                     |
|  |              |              |                | PR            | ECAUTIONS       |              |          |            |       | wor                         | ks commencing.   |  |
| 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 |              |              |                |               |                 |              |          |            |       |                             |  |  |
| Name:  |              |              | Position       | n:            |                 |              |          | Conta      | ıct:  |                             |  |  |
|  |              |              | AUTH           | ORISATI       | ION AND AC      | CEPTAN       | ICE      |            |       |                             |  |  |
| I confirm that I have veri<br>and the conditions of th   |              |              | n and ensured  | that the ne   | ecessary precau | tions have l | been tak |            |       | arry ou                     | t the work as d  | efined above   |
| Permit Acceptor:   |              |              | Signature:     |               |                 |              | Valid    | From:      | Time: |                             | Date:  |  |
| Company:   |              |              | Permit Issue   | r:            |                 |              | Valid    | То:        | Time: |                             | Date:  |  |
|  |              |              | HANDRA         | CK. RFC       | EIPT AND C      | ANCELL A     | NOITA    |            |       |                             |  |  |
| I confirm that the activity  | y has been c | ompleted, ch |                |               |                 |              |          | dy condit  | on.   |                             |  |  |
| Permit Acceptor:   |              |              |                | Signati       | ure:            |              |          |            | Time: |                             | Date:  |  |
|  | SEC          | <u>URITY</u> |                |               |                 | E            | STATI    | ES & CA    | PITAL | DEV                         | ELOPMENT   | [  |
| I acknowledge receipt of<br>in charge has left the are   |              |              |                |               |                 |              |          |            |       |                             | eted in accordand tidy condition   |  |
|  | Tim          | ne:          | Date:          |               |                 |              |          |            | Time: |                             | Date:  |  |

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|--|--------------|--------------|----------------|---------------|-----------------|--------------|----------|------------|-------|-----------------------------|--|--|
| Contractor:  |              |              |                | Permit Ac     | ceptor:         |              |          |            |       |                             | will be/ha   | detectors ve been*   |
| Building:  |              |              |                | Floor Nun     | nber:           |              |          |            |       |                             |  | ? (delete as oriate).  |
| Corridor:  |              |              |                | Room Nu       | mber(s):        |              |          |            |       |                             |  |  |
| Job Details (includi<br>reason for need to<br>smoke/heat detect  | isolate      |              |                |               |                 |              |          |            |       |                             |  |  |
| Has a suitable and s<br>requiring this perm  |              | risk assessm | nent been u    | ndertake      | en for the tas  | k OYE        | ES .     | 01         | NO    | Safe<br>ame<br>five<br>sign | The Management of<br>ety at Work Regulat<br>ended) require that<br>or more employee<br>officant findings of a<br>nify those especial | ions 1999 (as<br>organisations with<br>s record the<br>assessments and |
| Has a method state   | ment bee     | n undertak   | en for this to | ask?          |                 | ○ YE         | S        | $\bigcirc$ | 10    | asse                        | essments and meth<br>st be submitted to I<br>relopment Departm   | od statements<br>Estates & Capital                                     |
|  |              |              |                | PR            | ECAUTIONS       |              |          |            |       | wor                         | ks commencing.   |  |
| 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 |              |              |                |               |                 |              |          |            |       |                             |  |  |
| Name:  |              |              | Position       | n:            |                 |              |          | Conta      | ıct:  |                             |  |  |
|  |              |              | AUTH           | ORISATI       | ION AND AC      | CEPTAN       | ICE      |            |       |                             |  |  |
| I confirm that I have veri<br>and the conditions of th   |              |              | n and ensured  | that the ne   | ecessary precau | tions have l | been tak |            |       | arry ou                     | t the work as d  | efined above   |
| Permit Acceptor:   |              |              | Signature:     |               |                 |              | Valid    | From:      | Time: |                             | Date:  |  |
| Company:   |              |              | Permit Issue   | r:            |                 |              | Valid    | То:        | Time: |                             | Date:  |  |
|  |              |              | HANDRA         | CK. RFC       | EIPT AND C      | ANCELL A     | NOITA    |            |       |                             |  |  |
| I confirm that the activity  | y has been c | ompleted, ch |                |               |                 |              |          | dy condit  | on.   |                             |  |  |
| Permit Acceptor:   |              |              |                | Signati       | ure:            |              |          |            | Time: |                             | Date:  |  |
|  | SEC          | <u>URITY</u> |                |               |                 | E            | STATI    | ES & CA    | PITAL | DEV                         | ELOPMENT   | [  |
| I acknowledge receipt of<br>in charge has left the are   |              |              |                |               |                 |              |          |            |       |                             | eted in accordand tidy condition   |  |
|  | Tim          | ne:          | Date:          |               |                 |              |          |            | Time: |                             | Date:  |  |

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|--|---|-----------------------------------|---|-------------------------------------|---|---------------------|--------------|---------------------------------------|----------|--|----------------------------------|---|
| Contractor:  |   |                                   |   | Permit Ac                           | cceptor:                                |                     |              |                                       |          | v  | vill be/ha                       | detectors<br>ve been*   |
| Building:  |   |                                   |   | Floor Nur                           | mber:                                   |                     |              |                                       |          |  | covered:<br>approp               | ' (delete as<br>oriate).  |
| Corridor:  |   |                                   |   | Room Nu                             | mber(s):                                |                     |              |                                       |          |  |                                  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto   | solate  |                                   |   |                                     |   |                     |              |                                       |          | ND T   |                                  |   |
| Has a suitable and su<br>requiring this permit   |   | isk assessm                       | ent been ur                                   | ndertake                            | en for the                              | task                | YES          | 5 0                                   | NO       | Safety at<br>amended<br>five or mosignificar | ore employee<br>nt findings of a | ions 1999 (as<br>organisations with<br>s record the<br>issessments and    |
| Has a method staten  | nent bee  | n undertake                       | en for this ta                                | ask?                                |   |                     | YES          | 5 0                                   | NO       | assessme<br>must be s<br>Developr            | submitted to I                   | y at risk. Risk<br>od statements<br>states & Capital<br>ent in advance of |
|  |   |                                   |   | PR                                  | <b>ECAUTIO</b>                          | <u>NS</u>           |              |                                       |          |  |                                  |   |
| Smoke/Heat detector I<br>minutes after work has  | complete  | ed.                               | •   | ŕ                                   |   |                     | _            |                                       |          |  |                                  |   |
| Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> to removing any covers. |   |                                   |   |                                     |   |                     |              |                                       |          |  |                                  |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris<br>being removed in acco                        | y. At that t<br>I <b>NLESS</b> wo<br>sation and | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belov | ust be re<br>uring tha<br>w, the Co | turned to E<br>at time.<br>ontractor is | estates or agreeing | Secu<br>that | rity. Smoke/H<br>should a fire t      | eat dete | ector head                                   | ds <b>MUST</b><br>d due to a     | <b>NOT</b> remain cover not   |
| What measures are in pla<br>control dust, fume and va  |   |                                   |   |                                     |   |                     |              |                                       |          |  |                                  |   |
|  |   |                                   |   |                                     | ency col                                |                     | wor          | k)                                    |          |  |                                  |   |
| Name:  |   |                                   | Position                                      | :                                   |   |                     |              | Cont                                  | act:     |  |                                  |   |
|  |   |                                   | AUTH  | ORISAT                              | ION AND                                 | ACCEPT              | ANG          | <u>CE</u>                             |          |  |                                  |   |
| I confirm that I have verifi<br>and the conditions of this   |   |                                   |   |                                     |   |                     |              |                                       |          | arry out the                                 | work as d                        | efined above  |
| Permit Acceptor:   |   |                                   | Signature:                                    |                                     |   |                     |              | Valid From:                           | Time:    |  | Date:                            |   |
| Company:   |   |                                   | Permit Issuer                                 | :                                   |   |                     |              | Valid To:                             | Time:    |  | Date:                            |   |
|  |   |                                   | HANDBA  | CK, REC                             | EIPT AND                                | CANCE               | LLA          | TION                                  |          |  |                                  |   |
| I confirm that the activity  | has been c                                      | ompleted, che                     | cked by mysel                                 | f and the a                         | area left secu                          | ure and in a        | a safe       | and tidy condi                        | tion.    |  |                                  |   |
| Permit Acceptor:   |   |                                   |   | Signat                              | ure:                                    |                     |              |                                       | Time:    |  | Date:                            |   |
|  |   | <u>URITY</u>                      |   |                                     |   |                     |              | STATES & C                            |          |  |                                  |   |
| I acknowledge receipt of in charge has left the area   |   |                                   |   |                                     |   |                     |              | at the activity h<br>area left secure |          |  |                                  |   |
|  | Tim   | e:                                | Date:   |                                     |   |                     |              |                                       | Time:    |  | Date:                            |   |

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| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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|--|---------------|--------------------------------------|-------------------------------|--------------------------|------------------------|----------------------|-------|-------------------------------------|-----------------|---|--|---|
| Contractor:  |               |                                      |                               | Permit Ac                | ceptor:                |                      |       |                                     |                 | wil   | l be/ha  | detectors<br>ve been*   |
| Building:  |               |                                      |                               | Floor Num                | nber:                  |                      |       |                                     |                 |   | approp   | (delete as<br>oriate).  |
| Corridor:  |               |                                      |                               | Room Nui                 | mber(s):               |                      |       |                                     |                 |   |  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto                               | olate         |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| Has a suitable and su<br>requiring this permit   |               | sk assessm                           | ent been u                    | ndertake                 | en for the             | task O               | YES   | 0                                   | NO              | Safety at We<br>amended) r<br>five or more<br>significant f | ork Regulati<br>equire that<br>e employees<br>indings of a | f Health and<br>ons 1999 (as<br>organisations with<br>record the<br>ssessments and<br>y at risk. Risk |
| Has a method staten  | nent been     | undertake                            | en for this to                | ask?                     |                        | 0                    | YES   | 0                                   | NO              | assessment<br>must be sub                                   | s and metho<br>omitted to E<br>nt Departm                  | od statements<br>states & Capital<br>ent in advance of  |
|  |               |                                      |                               | PRI                      | ECAUTIO                | NS                   |       |                                     |                 | Works com   | nenemg.  |   |
| Smoke/Heat detector h<br>minutes after work has  |               |                                      | by the Unive                  | ersity on tl             | he strict un           | derstandin           | ng th | at <b>ALL</b> cove                  | rs are re       | emoved no   | sooner t   | han 15  |
| Where dust, fume or sr   | noke has b    | een severe,                          | the contract                  | or <b>MUST</b>           | notify Secu            | ırity on <u>012</u>  | 21 20 | <u>04 4803</u> <b>PRIC</b>          | <b>DR</b> to re | moving any  | covers.  |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris | /. At that ti | me, <b>ALL</b> cov<br>ork is being u | vers issued m<br>Indertaken d | ust be ret<br>luring tha | turned to E<br>t time. | states or Se         | ecur  | ity. Smoke/H                        | leat det        | ector heads   | MUST   | <b>NOT</b> remain   |
| being removed in acco  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| What measures are in pla<br>control dust, fume and va  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
|  |               |                                      |                               |                          | nnected v              | NTACTS<br>vith the w | ork   | )                                   |                 |   |  |   |
| Name:  |               |                                      | Position                      | :                        |                        |                      |       | Cont                                | act:            |   |  |   |
|  |               |                                      | AUTH                          | ORISATI                  | ON AND                 | ACCEPTA              | NC    | E                                   |                 |   |  |   |
| I confirm that I have verifi<br>and the conditions of this   |               |                                      |                               |                          |                        |                      |       |                                     |                 | arry out the v  | vork as d  | efined above  |
| Permit Acceptor:   |               |                                      | Signature:                    |                          |                        |                      | \     | /alid From:                         | Time:           |   | Date:  |   |
| Company:   |               |                                      | Permit Issuer                 | :                        |                        |                      |       | /alid To:                           | Time:           |   | Date:  |   |
|  |               |                                      | HANDBA                        | CK, REC                  | EIPT AND               | CANCELI              | LAT   | <u>ION</u>                          |                 |   |  |   |
| I confirm that the activity  | has been co   | mpleted, che                         | cked by myse                  | lf and the a             | area left secu         | re and in a s        | afe a | and tidy condi                      | tion.           |   |  |   |
| Permit Acceptor:   |               |                                      |                               | Signatu                  | ure:                   |                      |       |                                     | Time:           |   | Date:  |   |
|  | SECU          | <u>JRITY</u>                         |                               |                          |                        |                      | ES    | TATES & C                           | APITA           | L DEVELO  | PMEN1  |   |
| I acknowledge receipt of in charge has left the area   |               |                                      |                               |                          |                        |                      |       | t the activity h<br>rea left secure |                 |   |  |   |
|  | Time          | ٠.                                   | Date:                         |                          |                        |                      |       |                                     | Time:           |   | Date:  |   |

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|---|---|-----------------------------------|---|-------------------------------------|---|---------------------|--------------|---------------------------------------|----------------|--|----------------------------------|---|
| Contractor:   |   |                                   |   | Permit Ac                           | cceptor:                                |                     |              |                                       |                | v  | vill be/ha                       | detectors<br>ve been*   |
| Building:   |   |                                   |   | Floor Nur                           | mber:                                   |                     |              |                                       |                |  | covered:<br>approp               | ' (delete as<br>oriate).  |
| Corridor:   |   |                                   |   | Room Nu                             | mber(s):                                |                     |              |                                       |                |  |                                  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | solate  |                                   |   |                                     |   |                     |              |                                       |                | ND T   |                                  |   |
| Has a suitable and su<br>requiring this permit  |   | isk assessm                       | ent been ur                                   | ndertake                            | en for the                              | task                | YES          | 5 0                                   | NO             | Safety at<br>amended<br>five or mosignificar | ore employee<br>nt findings of a | ions 1999 (as<br>organisations with<br>s record the<br>issessments and    |
| Has a method staten   | nent bee  | n undertake                       | en for this ta                                | ask?                                |   |                     | YES          | 5 0                                   | NO             | assessme<br>must be s<br>Developr            | submitted to I                   | y at risk. Risk<br>od statements<br>states & Capital<br>ent in advance of |
|   |   |                                   |   | PR                                  | <b>ECAUTIO</b>                          | <u>NS</u>           |              |                                       |                |  |                                  |   |
| Smoke/Heat detector I<br>minutes after work has   | complete  | ed.                               | •   | ŕ                                   |   |                     | _            |                                       |                |  |                                  |   |
| Where dust, fume or sr  | noke has l                                      | oeen severe,                      | the contract                                  | or <b>MUST</b>                      | notify Secu                             | urity on <u>0</u>   | 121 2        | 204 4803 <b>PRIC</b>                  | <b>R</b> to re | moving a                                     | ny covers                        |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris<br>being removed in acco | y. At that t<br>I <b>NLESS</b> wo<br>sation and | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belov | ust be re<br>uring tha<br>w, the Co | turned to E<br>at time.<br>ontractor is | estates or agreeing | Secu<br>that | rity. Smoke/H<br>should a fire t      | eat dete       | ector head                                   | ds <b>MUST</b><br>d due to a     | <b>NOT</b> remain cover not   |
| What measures are in pla<br>control dust, fume and va   |   |                                   |   |                                     |   |                     |              |                                       |                |  |                                  |   |
|   |   |                                   |   |                                     | ency col                                |                     | wor          | k)                                    |                |  |                                  |   |
| Name:   |   |                                   | Position                                      | :                                   |   |                     |              | Cont                                  | act:           |  |                                  |   |
|   |   |                                   | AUTH  | ORISAT                              | ION AND                                 | ACCEPT              | ANG          | <u>CE</u>                             |                |  |                                  |   |
| I confirm that I have verifi<br>and the conditions of this  |   |                                   |   |                                     |   |                     |              |                                       |                | arry out the                                 | work as d                        | efined above  |
| Permit Acceptor:  |   |                                   | Signature:                                    |                                     |   |                     |              | Valid From:                           | Time:          |  | Date:                            |   |
| Company:  |   |                                   | Permit Issuer                                 | :                                   |   |                     |              | Valid To:                             | Time:          |  | Date:                            |   |
|   |   |                                   | HANDBA  | CK, REC                             | EIPT AND                                | CANCE               | LLA          | TION                                  |                |  |                                  |   |
| I confirm that the activity   | has been c                                      | ompleted, che                     | cked by mysel                                 | f and the a                         | area left secu                          | ure and in a        | a safe       | and tidy condi                        | tion.          |  |                                  |   |
| Permit Acceptor:  |   |                                   |   | Signat                              | ure:                                    |                     |              |                                       | Time:          |  | Date:                            |   |
|   |   | <u>URITY</u>                      |   |                                     |   |                     |              | STATES & C                            |                |  |                                  |   |
| I acknowledge receipt of in charge has left the area  |   |                                   |   |                                     |   |                     |              | at the activity h<br>area left secure |                |  |                                  |   |
|   | Tim   | e:                                | Date:   |                                     |   |                     |              |                                       | Time:          |  | Date:                            |   |

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| / iscon oniversity   |                        |                              |                               |                      |                    | _        |  |  |  |  |
|--|------------------------|------------------------------|-------------------------------|----------------------|--------------------|----------|--|--|--|--|
| Contractor:  |                        | Permit .                     | Acceptor:                     |                      |                    |          | How many detectors will be/have been*  |  |  |  |
| Building:  |                        | Floor N                      | umber:                        |                      |                    |          | covered? (delete as appropriate).  |  |  |  |
| Corridor:  |                        | Room N                       | lumber(s):                    |                      |                    |          |  |  |  |  |
| Job Details (includir<br>reason for need to i<br>smoke/heat detecto  | solate                 |                              |                               |                      |                    |          | NB: The Management of Health and   |  |  |  |
| Has a suitable and s<br>requiring this permi   |                        | nent been underta            | ken for the tasl              | YES                  | ON                 | 10       | Safety at Work Regulations 1999 (as<br>amended) require that organisations with<br>five or more employees record the<br>significant findings of assessments and<br>identify those especially at risk. Risk |  |  |  |
| Has a method stater  | ment been undertal     | ken for this task?           |                               | ○ YES                | $\bigcirc$ $N$     | 10       | assessments and method statements<br>must be submitted to Estates & Capital<br>Development Department in advance of  |  |  |  |
|  |                        | P                            | RECAUTIONS                    |                      |                    |          | works commencing.  |  |  |  |
| Smoke/Heat detector<br>minutes after work ha   |                        | d by the University or       | the strict under              | rstanding that       | <b>ALL</b> covers  | are remo | oved no sooner than 15   |  |  |  |
| Where dust, fume or s  | moke has been severe   | e, the contractor <b>MUS</b> | <b>T</b> notify Security      | on <u>0121 204</u> 4 | 4803 <b>PRIO</b> I | to remo  | ving 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 pla<br>control dust, fume and v   |                        |                              |                               |                      |                    |          |  |  |  |  |
|  |                        |                              | GENCY CONT/<br>connected witl |                      |                    |          |  |  |  |  |
| Name:  |                        | Position:                    |                               |                      | Conta              | ct:      |  |  |  |  |
|  |                        |                              | TION AND AC                   |                      |                    |          |  |  |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                        |                              |                               |                      |                    |          | out the work as defined above  |  |  |  |
| Permit Acceptor:   |                        | Signature:                   |                               | Val                  | id From:           | Time:    | Date:  |  |  |  |
| Company:   |                        | Permit Issuer:               |                               | Val                  | id To:             | Time:    | Date:  |  |  |  |
|  |                        | HANDBACK, RE                 | CEIPT AND C                   | ANCELLATIO           | N                  |          |  |  |  |  |
| I confirm that the activity  | has been completed, ch | necked by myself and the     | e area left secure a          | and in a safe and    | tidy condition     | on.      |  |  |  |  |
| Permit Acceptor:   |                        | Sign                         | ature:                        |                      |                    | Time:    | Date:  |  |  |  |
|  | <u>SECURITY</u>        |                              |                               | ESTA                 | TES & CA           | PITAL D  | EVELOPMENT   |  |  |  |
| I acknowledge receipt of<br>in charge has left the are   |                        |                              |                               |                      |                    |          | npleted in accordance with this e and tidy condition.  |  |  |  |
|  | Time:                  | Date:                        |                               |                      |                    | Time:    | Date:  |  |  |  |

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|---|---|---|--|---|--|--|--|---------------------|----------------------|-----------------------------|--|--|
| Contractor:   |   |   |  | Permit Ac   | ceptor:  |  |  |                     |                      |                             | will be/ha   | detectors ve been*   |
| Building:   |   |   |  | Floor Nun   | nber:  |  |  |                     |                      |                             |  | ? (delete as oriate).  |
| Corridor:   |   |   |  | Room Nu   | mber(s):   |  |  |                     |                      |                             |  |  |
| Job Details (includi<br>reason for need to<br>smoke/heat detect   | isolate   |   |  |   |  |  |  |                     |                      |                             |  |  |
| Has a suitable and s<br>requiring this perm   |   | risk assessm  | nent been u  | ndertake  | en for the tas   | k OYE  | ES .   | 01                  | NO                   | Safe<br>ame<br>five<br>sign | The Management of<br>ety at Work Regulat<br>ended) require that<br>or more employee<br>officant findings of a<br>nify those especial | ions 1999 (as<br>organisations with<br>s record the<br>assessments and |
| Has a method state  | ment bee  | n undertak  | en for this to   | ask?  |  | ○ YE   | S  | $\bigcirc$          | 10                   | asse                        | essments and meth<br>st be submitted to I<br>relopment Departm   | od statements<br>Estates & Capital                                     |
|   |   |   |  | PR  | ECAUTIONS  |  |  |                     |                      | wor                         | ks commencing.   |  |
| minutes after work has Where dust, fume or s This permit is only wend of the working da COVERED overnight By signing the author being removed in acco | alid for on<br>ay. At that t<br>UNLESS we<br>isation and<br>ordance w | been severe<br>e 24hr perio<br>time, ALL co<br>ork is being<br>I acceptance | od and it is a devers issued mundertaken de section belotion form, the | condition<br>nust be ret<br>luring tha<br>w, the Co<br>e Contract | of issue that<br>turned to Esta<br>t time.<br>ntractor is ag | the persor<br>tes or Sect<br>reeing that<br>d liable for | n in cha<br>urity. Sr<br>t should<br>r any los | rge ensu<br>moke/He | ires the<br>eat dete | e remo                      | oval of <b>ALL</b> coneads <b>MUST</b>   | overs at the <b>NOT</b> remain   |
| Name:   |   |   | Position   | n:  |  |  |  | Conta               | ıct:                 |                             |  |  |
|   |   |   | AUTH   | ORISATI   | ION AND AC   | CEPTAN   | ICE  |                     |                      |                             |  |  |
| I confirm that I have veri<br>and the conditions of th  |   |   | n and ensured  | that the ne   | ecessary precau  | tions have l   | been tak                                       |                     |                      | arry ou                     | t the work as d  | efined above   |
| Permit Acceptor:  |   |   | Signature:   |   |  |  | Valid  | From:               | Time:                |                             | Date:  |  |
| Company:  |   |   | Permit Issue   | r:  |  |  | Valid  | То:                 | Time:                |                             | Date:  |  |
|   |   |   | HANDRA   | CK. RFC   | EIPT AND C   | ANCELL A   | NOITA  |                     |                      |                             |  |  |
| I confirm that the activity   | y has been c  | ompleted, ch  |  |   |  |  |  | dy condit           | on.                  |                             |  |  |
| Permit Acceptor:  |   |   |  | Signati   | ure:   |  |  |                     | Time:                |                             | Date:  |  |
|   | SEC   | <u>URITY</u>  |  |   |  | E  | STATI  | ES & CA             | PITAL                | DEV                         | ELOPMENT   | [  |
| I acknowledge receipt of<br>in charge has left the are  |   |   |  |   |  |  |  |                     |                      |                             | eted in accordand tidy condition   |  |
|   | Tim   | ne:   | Date:  |   |  |  |  |                     | Time:                |                             | Date:  |  |

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|---|---|---|--|---|--|--|--|---------------------|----------------------|-----------------------------|--|--|
| Contractor:   |   |   |  | Permit Ac   | ceptor:  |  |  |                     |                      |                             | will be/ha   | detectors ve been*   |
| Building:   |   |   |  | Floor Nun   | nber:  |  |  |                     |                      |                             |  | ? (delete as oriate).  |
| Corridor:   |   |   |  | Room Nu   | mber(s):   |  |  |                     |                      |                             |  |  |
| Job Details (includi<br>reason for need to<br>smoke/heat detect   | isolate   |   |  |   |  |  |  |                     |                      |                             |  |  |
| Has a suitable and s<br>requiring this perm   |   | risk assessm  | nent been u  | ndertake  | en for the tas   | k OYE  | ES .   | 01                  | NO                   | Safe<br>ame<br>five<br>sign | The Management of<br>ety at Work Regulat<br>ended) require that<br>or more employee<br>officant findings of a<br>nify those especial | ions 1999 (as<br>organisations with<br>s record the<br>assessments and |
| Has a method state  | ment bee  | n undertak  | en for this to   | ask?  |  | ○ YE   | S  | $\bigcirc$          | 10                   | asse                        | essments and meth<br>st be submitted to I<br>relopment Departm   | od statements<br>Estates & Capital                                     |
|   |   |   |  | PR  | ECAUTIONS  |  |  |                     |                      | wor                         | ks commencing.   |  |
| minutes after work has Where dust, fume or s This permit is only wend of the working da COVERED overnight By signing the author being removed in acco | alid for on<br>ay. At that t<br>UNLESS we<br>isation and<br>ordance w | been severe<br>e 24hr perio<br>time, ALL co<br>ork is being<br>I acceptance | od and it is a devers issued mundertaken de section belotion form, the | condition<br>nust be ret<br>luring tha<br>w, the Co<br>e Contract | of issue that<br>turned to Esta<br>t time.<br>ntractor is ag | the persor<br>tes or Sect<br>reeing that<br>d liable for | n in cha<br>urity. Sr<br>t should<br>r any los | rge ensu<br>moke/He | ires the<br>eat dete | e remo                      | oval of <b>ALL</b> coneads <b>MUST</b>   | overs at the <b>NOT</b> remain   |
| Name:   |   |   | Position   | n:  |  |  |  | Conta               | ıct:                 |                             |  |  |
|   |   |   | AUTH   | ORISATI   | ION AND AC   | CEPTAN   | ICE  |                     |                      |                             |  |  |
| I confirm that I have veri<br>and the conditions of th  |   |   | n and ensured  | that the ne   | ecessary precau  | tions have l   | been tak                                       |                     |                      | arry ou                     | t the work as d  | efined above   |
| Permit Acceptor:  |   |   | Signature:   |   |  |  | Valid  | From:               | Time:                |                             | Date:  |  |
| Company:  |   |   | Permit Issue   | r:  |  |  | Valid  | То:                 | Time:                |                             | Date:  |  |
|   |   |   | HANDRA   | CK. RFC   | EIPT AND C   | ANCELL A   | NOITA  |                     |                      |                             |  |  |
| I confirm that the activity   | y has been c  | ompleted, ch  |  |   |  |  |  | dy condit           | on.                  |                             |  |  |
| Permit Acceptor:  |   |   |  | Signati   | ure:   |  |  |                     | Time:                |                             | Date:  |  |
|   | SEC   | <u>URITY</u>  |  |   |  | E  | STATI  | ES & CA             | PITAL                | DEV                         | ELOPMENT   | [  |
| I acknowledge receipt of<br>in charge has left the are  |   |   |  |   |  |  |  |                     |                      |                             | eted in accordand tidy condition   |  |
|   | Tim   | ne:   | Date:  |   |  |  |  |                     | Time:                |                             | Date:  |  |

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|---|---------------|---------------------|--------------|----------------|--------------|---------------------|-------|----------------------------|-----------------|---|---|--|
| Contractor:   |               |                     |              | Permit Ac      | ceptor:      |                     |       |                            |                 |   | will be/ha  | detectors<br>ve been*  |
| Building:   |               |                     |              | Floor Nun      | nber:        |                     |       |                            |                 |   | covered?  |  |
| Corridor:   |               |                     |              | Room Nui       | mber(s):     |                     |       |                            |                 |   |   |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto    | olate         |                     |              |                |              |                     |       |                            |                 |   |   |  |
| Has a suitable and su<br>requiring this permit                          |               | sk assessme         | ent been u   | ndertake       | en for the t | task                | YES   | 0                          | NO              | Safety a<br>amend<br>five or r<br>significa | more employee                                       | ons 1999 (as<br>organisations with<br>s record the<br>ssessments and |
| Has a method staten   | nent been     | undertakei          | n for this t | ask?           |              | O,                  | YES   | 0                          | NO              | assessn<br>must be<br>Develo                | nents and meth<br>e submitted to E<br>pment Departm |  |
|   |               |                     |              | PRI            | ECAUTIO      | NS                  |       |                            |                 | works c                                     | commencing.   |  |
| Smoke/Heat detector h<br>minutes after work has                         |               |                     | by the Unive |                |              |                     | ng th | nat <b>ALL</b> cove        | rs are re       | emoved r                                    | no sooner 1   | han 15   |
| Where dust, fume or sr  | noke has b    | een severe, t       | he contract  | or <b>MUST</b> | notify Secu  | ırity on <u>012</u> | 21 20 | <u>04 4803</u> <b>PRIC</b> | <b>OR</b> to re | moving                                      | any covers  |  |
| This permit is only va<br>end of the working day<br>COVERED overnight U | /. At that ti | me, <b>ALL</b> cove | ers issued m | ust be ret     | turned to E  |                     |       |                            |                 |   |   |  |
| By signing the authoris<br>being removed in acco                        |               |                     |              |                |              |                     |       |                            |                 |   |   |  |
| What measures are in pla<br>control dust, fume and va                   |               |                     |              |                |              |                     |       |                            |                 |   |   |  |
|   |               |                     |              |                | NCY CON      |                     | ork/  | :)                         |                 |   |   |  |
| Name:   |               |                     | Position     |                |              |                     |       | Cont                       | act:            |   |   |  |
|   |               |                     | AUTH         | ORISATI        | ON AND       | ACCEPTA             | NC    | E                          |                 |   |   |  |
| I confirm that I have verifi<br>and the conditions of this              |               |                     |              |                |              |                     |       |                            |                 |   | ne work as d  | efined above   |
| Permit Acceptor:  |               |                     | Signature:   |                |              |                     | \     | Valid From:                | Time:           |   | Date:   |  |
| Company:  |               |                     | Permit Issue | r:             |              |                     |       | Valid To:                  | Time:           |   | Date:   |  |
|   |               |                     | HANDBA       | CK, REC        | EIPT AND     | CANCEL              | LAT   | TION                       |                 |   |   |  |
| I confirm that the activity   | has been co   | mpleted, chec       |              |                |              |                     |       |                            | tion.           |   |   |  |
| Permit Acceptor:  |               |                     |              | Signatu        | ure:         |                     |       |                            | Time:           |   | Date:   |  |
|   | SECU          | <u>JRITY</u>        |              |                |              |                     | ES    | TATES & C                  | APITA           | L DEVE                                      | LOPMENT   |  |
| I acknowledge receipt of in charge has left the area                    |               |                     |              |                |              |                     |       | t the activity h           |                 |   |   |  |
|   | Time          | 2.                  | Date:        |                | 1            |                     |       |                            | Time:           |   | Date:   |  |

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|--|--------------|-----------------------------------|---------------------------------|--------------|---------------|----------------------------|--------|--------------|-------|-----------------------------|------------------------------------|--|
| Contractor:  |              |                                   |                                 | Permit Ac    | ceptor:       |                            |        |              |       |                             | will be/l                          | ny detectors<br>nave been*   |
| Building:  |              |                                   |                                 | Floor Nun    | nber:         |                            |        |              |       |                             |                                    | d? (delete as opriate).  |
| Corridor:  |              |                                   |                                 | Room Nu      | mber(s):      |                            |        |              |       |                             |                                    |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto   | olate        |                                   |                                 |              |               |                            |        |              |       |                             |                                    |  |
| Has a suitable and su<br>requiring this permit   |              | isk assessm                       | ient been u                     | ndertake     | en for the ta | sk Y                       | ΞS     | 01           | NO    | Safe<br>ame<br>five<br>sign | or more employ                     | lations 1999 (as<br>lat organisations with<br>ees record the<br>of assessments and |
| Has a method staten  | nent beei    | n undertak                        | en for this t                   | ask?         |               | ○ YE                       | ES     | $\bigcirc$ 1 | NO    | mus<br>Dev                  | t be submitted t<br>elopment Depai | thod statements<br>o Estates & Capital<br>tment in advance of                      |
|  |              |                                   |                                 | PR           | ECAUTION      | S                          |        |              |       | WOII                        | ks commencing.                     |  |
| Smoke/Heat detector h<br>minutes after work has  | complete     | d.                                |                                 | ersity on t  | he strict und | erstanding                 |        |              |       |                             |                                    |  |
| Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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 authoris<br>being removed in acco   |              |                                   |                                 |              |               |                            |        |              |       |                             |                                    |  |
| What measures are in pla<br>control dust, fume and va  |              |                                   |                                 |              |               |                            |        |              |       |                             |                                    |  |
|  |              |                                   |                                 | FMEDCI       | INCV CON      | TACTO                      |        |              |       |                             |                                    |  |
|  |              |                                   | (Perso                          |              | nnected w     |                            | rk)    |              |       |                             |                                    |  |
| Name:  |              |                                   | Position                        |              | - Infected W  | itir the wo                |        | Conta        | nct:  |                             |                                    |  |
|  |              |                                   | AUTH                            | IORISATI     | ION AND A     | CCEPTAN                    | ICE    |              |       |                             |                                    |  |
| I confirm that I have verifi<br>and the conditions of this   |              |                                   |                                 |              |               |                            |        |              |       |                             | the work as                        | defined above  |
| Permit Acceptor:   |              |                                   | Signature:                      |              |               |                            | Valid  | From:        | Time: |                             | Date                               | 2:   |
| Company:   |              |                                   | Permit Issue                    | r:           |               |                            | Valid  | То:          | Time: |                             | Date                               | e:   |
|  |              |                                   | HANDRA                          | CK DEC       | EIDT AND      | CANCELL                    | ATION  |              |       |                             |                                    |  |
| I confirm that the activity  | has been co  | ompleted, che                     |                                 |              | EIPT AND (    |                            |        | ly condit    | ion.  |                             |                                    |  |
| Permit Acceptor:   |              |                                   |                                 | Signati      | ure:          |                            |        |              | Time: |                             | Date                               | e:   |
|  | SECI         | <u>JRITY</u>                      |                                 |              |               |                            | ESTATE | ES & CA      | PITA  | L DEV                       | ELOPME                             | <u>IT</u>  |
| I acknowledge receipt of in charge has left the area   | this form ha | iving been inf<br>I in a safe and | ormed that th<br>tidy conditior | e person     |               | m satisfied termit and the |        |              |       |                             |                                    | dance with this<br>tion.   |
|  | Tim          | ۵.                                | Date:                           |              | 1             |                            |        |              | Time: |                             | Date                               | 2.   |

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| riscon Oniversity  |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|--|--|--|--|--|---|---|--------------------------------------|---|----------------------------------|-----------------------------|---|---|
| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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| Contractor:  |                        | Perr                    | nit Acceptor:              |                         |                          | How many detectors will be/have been*   |  |  |  |
|--|------------------------|-------------------------|----------------------------|-------------------------|--------------------------|---|--|--|--|
| Building:  |                        | Floo                    | or Number:                 |                         |                          | covered? (delete as appropriate).   |  |  |  |
| Corridor:  |                        | Roo                     | m Number(s):               |                         |                          |   |  |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto   | olate                  | ,                       |                            |                         |                          | NB: The Management of Health and  |  |  |  |
| Has a suitable and su<br>requiring this permit   |                        | ent been under          | rtaken for the tasl        | YES                     | ○ NO                     | Safety at Work Regulations 1999 (as<br>amended) require that organisations with<br>five or more employees record the<br>significant findings of assessments and |  |  |  |
| Has a method staten  | nent been undertak     | en for this task?       |                            | YES                     | ○ NO                     | identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of           |  |  |  |
|  |                        |                         | PRECAUTIONS                |                         |                          | works commencing.   |  |  |  |
| Smoke/Heat detector h<br>minutes after work has  |                        | by the University       |                            | rstanding that <b>A</b> | <b>LL</b> covers are rem | noved no sooner than 15   |  |  |  |
| Where dust, fume or sr   | noke has been severe,  | the contractor <b>M</b> | <b>UST</b> notify Security | on <u>0121 204 48</u>   | 803 <b>PRIOR</b> to rem  | oving 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. |                        |                         |                            |                         |                          |   |  |  |  |
|  |                        |                         |                            |                         |                          | detected due to a cover not<br>age sustained as a result.   |  |  |  |
| What measures are in pla<br>control dust, fume and va  |                        |                         |                            |                         |                          |   |  |  |  |
|  |                        |                         | ERGENCY CONTA              |                         |                          |   |  |  |  |
| Name:  |                        | Position:               |                            |                         | Contact:                 |   |  |  |  |
|  |                        | AUTHORI                 | SATION AND AC              | CEPTANCE                |                          |   |  |  |  |
| I confirm that I have verifi<br>and the conditions of this   |                        |                         |                            |                         |                          | ry out the work as defined above  |  |  |  |
| Permit Acceptor:   |                        | Signature:              |                            | Valid                   | From: Time:              | Date:   |  |  |  |
| Company:   |                        | Permit Issuer:          |                            | Valid                   | Time:                    | Date:   |  |  |  |
|  |                        | LIANDDAGU               | DECEMBER AND CO            | NICELLATION             |                          |   |  |  |  |
| I confirm that the activity  | has been completed, ch |                         | the area left secure a     |                         |                          |   |  |  |  |
| Permit Acceptor:   |                        | S                       | ignature:                  |                         | Time:                    | Date:   |  |  |  |
|  | <u>SECURITY</u>        |                         |                            | <u>ESTAT</u>            | ES & CAPITAL             | DEVELOPMENT   |  |  |  |
| I acknowledge receipt of t<br>in charge has left the area  |                        |                         |                            |                         |                          | ompleted in accordance with this afe and tidy condition.  |  |  |  |
|  | Time:                  | Date:                   |                            |                         | Time:                    | Date:   |  |  |  |

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|--|---|-------------------|---------------|---|-----------------|-------------|--------|-------------------------------------|----------|-----------------------------|--|--|
| Contractor:  |   |                   |               | Permit Ac   | cceptor:        |             |        |                                     |          |                             | will be/h  | y detectors<br>ave been*   |
| Building:  |   |                   |               | Floor Nur   | mber:           |             |        |                                     |          |                             |  | ? (delete as priate).  |
| Corridor:  |   |                   |               | Room Nu   | mber(s):        |             |        |                                     |          |                             |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto   | olate   |                   |               |   |                 |             |        |                                     |          |                             |  |  |
| Has a suitable and su<br>requiring this permit   |   | risk assessm      | ent been ur   | ndertake  | en for the ta   | ask _       | YES    | O                                   | NO       | Safe<br>ame<br>five<br>sign | or more employe<br>ificant findings of   | tions 1999 (as<br>t organisations with<br>es record the<br>assessments and |
| Has a method staten  | nent bee  | en undertake      | n for this ta | isk?  |                 | 0           | YES    | 0                                   | NO       | asse<br>mus<br>Dev          | ntify those especial<br>essments and met<br>st be submitted to<br>relopment Departicular<br>ks commencing. | nod statements   |
|  |   |                   |               | PR  | <b>ECAUTION</b> | I <u>S</u>  |        |                                     |          | ****                        | commencing.  |  |
|  | Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed. |                   |               |   |                 |             |        |                                     |          |                             |  |  |
| Where dust, fume or sr   | Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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. |   |                   |               |   |                 |             |        |                                     |          |                             |  |  |
| being removed in acco  | ordance w   | vith this isolati | on form, the  | Contract  | tor will be he  | eld liable  | for a  | ny loss, injur                      | y or dan | nage s                      | sustained as   | a result.  |
| What measures are in pla<br>control dust, fume and va  |   |                   |               |   |                 |             |        |                                     |          |                             |  |  |
|  |   |                   |               |   | ENCY CON        |             |        |                                     |          |                             |  |  |
|  |   |                   | (Perso        | n not co  | nnected w       | ith the v   | vork   | <u> </u>                            |          |                             |  |  |
| Name:  |   |                   | Position      | :   |                 |             |        | Conta                               | act:     |                             |  |  |
|  |   |                   | AUTH          | ORISAT  | ION AND A       | CCEPT       | ANC    | <u>E</u>                            |          |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this   |   |                   |               |   |                 |             |        |                                     |          | arry out                    | t the work as  | defined above  |
| Permit Acceptor:   |   |                   | Signature:    |   |                 |             |        | Valid From:                         | Time:    |                             | Date   |  |
| Company:   |   |                   | Permit Issuer | :   |                 |             |        | Valid To:                           | Time:    |                             | Date   |  |
|  |   |                   | HANDBA        | CK, REC   | EIPT AND        | CANCEL      | LA1    | <u> </u>                            |          |                             |  |  |
| I confirm that the activity  | has been  | completed, che    | cked by mysel | f and the a   | area left secur | e and in a  | safe a | and tidy condit                     | ion.     |                             |  |  |
| Permit Acceptor:   |   |                   |               | Signati   | ure:            |             |        |                                     | Time:    |                             | Date   |  |
| Tariman lad  |   | URITY             |               |   |                 |             |        | TATES & C                           |          |                             |  |  |
| I acknowledge receipt of in charge has left the area   |   |                   |               |   |                 |             |        | t the activity h<br>rea left secure |          |                             |  |  |
|  | Tin   | ne:               | Date:         |   |                 |             | _      |                                     | Time:    |                             | Date   |  |

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|--|--------------|-----------------------------------|--------------------------------|---------------|-------------|----------|------|-----------------|--------|-----------------------------|--|--|
| Contractor:  |              |                                   |                                | Permit Ac     | ceptor:     |          |      |                 |        |                             | will be/h  | y detectors<br>ave been*   |
| Building:  |              |                                   |                                | Floor Nun     | nber:       |          |      |                 |        |                             |  | l? (delete as opriate).  |
| Corridor:  |              |                                   |                                | Room Nu       | mber(s):    |          |      |                 |        |                             |  |  |
| Job Details (including reason for need to is smoke/heat detectors)   | solate       |                                   |                                |               |             |          |      |                 |        |                             |  |  |
| Has a suitable and su<br>requiring this permit   |              | isk assessm                       | nent been u                    | ndertake      | n for the t | ask O    | /ES  | OI              | NO     | Safe<br>ame<br>five<br>sign | or more employe  | ations 1999 (as<br>at organisations with<br>es record the<br>f assessments and |
| Has a method stater  | ment bee     | n undertak                        | en for this t                  | ask?          |             | 0)       | /ES  | OI              | NO     | asse<br>mus<br>Dev          | essments and met<br>st be submitted to<br>relopment Depart |  |
|  |              |                                   |                                | PR            | ECAUTION    | IS       |      |                 |        | wor                         | ks commencing.   |  |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed.  Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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 <b>ALL</b> covers at the end of the working day. At that time, <b>ALL</b> covers issued must be returned to Estates or Security. Smoke/Heat detector heads <b>MUST NOT</b> remain <b>COVERED</b> overnight <b>UNLESS</b> 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 pla<br>control dust, fume and v   |              |                                   |                                |               |             |          |      |                 |        |                             |  |  |
|  |              |                                   |                                |               | ENCY CON    |          | ork) |                 |        |                             |  |  |
| Name:  |              |                                   | Position                       | :             |             |          |      | Conta           | act:   |                             |  |  |
|  |              |                                   | AUTH                           | ORISATI       | ION AND A   | CCEPTA   | NCE  |                 |        |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this   |              |                                   |                                |               |             |          |      |                 |        |                             | t the work as  | defined above  |
| Permit Acceptor:   |              |                                   | Signature:                     |               |             |          | V    | alid From:      | Time:  |                             | Date   | :  |
| Company:   |              |                                   | Permit Issue                   | <i>"</i> :    |             |          | V    | alid To:        | Time:  |                             | Date   | :  |
|  |              |                                   | <u>HANDB</u> A                 | CK, REC       | EIPT AND    | CANCELI  | LATI | <u>ON</u>       |        |                             |  |  |
| I confirm that the activity  | has been co  | ompleted, che                     |                                |               |             |          |      |                 | ion.   |                             |  |  |
| Permit Acceptor:   |              |                                   |                                | Signatu       | ure:        |          |      |                 | Time:  |                             | Date   | :  |
|  | SEC          | <u>URITY</u>                      |                                |               |             |          | ES1  | ATES & CA       | APITAI | DEV                         | ELOPMEN  | IT   |
| I acknowledge receipt of<br>in charge has left the area  | this form ha | aving been inf<br>d in a safe and | formed that the tidy condition | e person      |             |          |      | the activity ha |        |                             |  | dance with this ion.   |
|  | Tim          | ne.                               | Date:                          |               | 1 1         |          |      |                 | Time   |                             | Date   |  |

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| Aston University  |           |                   | <u></u>       | <i></i> , <u>, , , , , , , , , , , , , , , , , , </u> |                 | <del></del>      |        |                                     |                 |                             |  |  |
|---|-----------|-------------------|---------------|---|-----------------|------------------|--------|-------------------------------------|-----------------|-----------------------------|--|--|
| Contractor:   |           |                   |               | Permit Ac   | cceptor:        |                  |        |                                     |                 |                             | will be/h  | y detectors<br>ave been*   |
| Building:   |           |                   |               | Floor Nur   | mber:           |                  |        |                                     |                 |                             |  | ? (delete as priate).  |
| Corridor:   |           |                   |               | Room Nu   | mber(s):        |                  |        |                                     |                 |                             |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate     |                   |               |   |                 |                  |        |                                     |                 |                             |  |  |
| Has a suitable and su<br>requiring this permit  |           | risk assessm      | ent been ur   | ndertake  | en for the ta   | ask _            | YES    | O                                   | NO              | Safe<br>ame<br>five<br>sign | or more employe<br>ificant findings of   | tions 1999 (as<br>t organisations with<br>es record the<br>assessments and |
| Has a method staten   | nent bee  | en undertake      | n for this ta | isk?  |                 | 0                | YES    | 0                                   | NO              | asse<br>mus<br>Dev          | ntify those especial<br>essments and met<br>st be submitted to<br>relopment Departicular<br>ks commencing. | nod statements   |
|   |           |                   |               | PR  | <b>ECAUTION</b> | I <u>S</u>       |        |                                     |                 | ****                        | commencing.  |  |
| Smoke/Heat detector I<br>minutes after work has   |           |                   | by the Unive  |   |                 |                  | ng th  | nat <b>ALL</b> covei                | s are re        | move                        | d no sooner  | than 15  |
| Where dust, fume or sr  | noke has  | been severe,      | the contracto | or <b>MUST</b>  | notify Secur    | ity on <u>01</u> | 21 20  | <u>04 4803</u> <b>PRIC</b>          | <b>R</b> to rei | movin                       | g any cover  | 5.   |
| 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 acco   | ordance w | vith this isolati | on form, the  | Contract  | tor will be he  | eld liable       | for a  | ny loss, injur                      | y or dan        | nage s                      | sustained as   | a result.  |
| What measures are in pla<br>control dust, fume and va   |           |                   |               |   |                 |                  |        |                                     |                 |                             |  |  |
|   |           |                   |               |   | ENCY CON        |                  |        |                                     |                 |                             |  |  |
|   |           |                   | (Perso        | n not co  | nnected w       | ith the v        | vork   | <u> </u>                            |                 |                             |  |  |
| Name:   |           |                   | Position      | :   |                 |                  |        | Conta                               | act:            |                             |  |  |
|   |           |                   | AUTH          | ORISAT  | ION AND A       | CCEPT            | ANC    | <u>E</u>                            |                 |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this  |           |                   |               |   |                 |                  |        |                                     |                 | arry out                    | t the work as  | defined above  |
| Permit Acceptor:  |           |                   | Signature:    |   |                 |                  |        | Valid From:                         | Time:           |                             | Date   |  |
| Company:  |           |                   | Permit Issuer | :   |                 |                  |        | Valid To:                           | Time:           |                             | Date   |  |
|   |           |                   | HANDBA        | CK, REC   | EIPT AND        | CANCEL           | LA1    | <u> </u>                            |                 |                             |  |  |
| I confirm that the activity   | has been  | completed, che    | cked by mysel | f and the a   | area left secur | e and in a       | safe a | and tidy condit                     | ion.            |                             |  |  |
| Permit Acceptor:  |           |                   |               | Signati   | ure:            |                  |        |                                     | Time:           |                             | Date   |  |
| Tariman lad   |           | URITY             |               |   |                 |                  |        | TATES & C                           |                 |                             |  |  |
| I acknowledge receipt of in charge has left the area  |           |                   |               |   |                 |                  |        | t the activity h<br>rea left secure |                 |                             |  |  |
|   | Tin       | ne:               | Date:         |   |                 |                  | _      |                                     | Time:           |                             | Date   |  |

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| Contractor:  |   | Permit Acc  | ceptor:                         |               |                  | How many detector will be/have been*  |
|--|---|---|---------------------------------|---------------|------------------|---|
| Building:  |   | Floor Num   | nber:                           |               |                  | covered? (delete as appropriate).   |
| Corridor:  |   | Room Nur  | mber(s):                        |               |                  |   |
| Job Details (includi<br>reason for need to i<br>smoke/heat detecto | solate  |   |                                 |               |                  | NB: The Management of Health and  |
| Has a suitable and s<br>requiring this permi                       |   | nent been undertake                                   | n for the task                  | YES           | ○NO              | Safety at Work Regulations 1999 (as amended) require that organisations w five or more employees record the significant findings of assessments and                 |
| Has a method state   | ment been undertak                                      | en for this task?                                     |                                 | YES           | ONO              | identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capita Development Department in advance works commencing. |
|  |   | PRI   | ECAUTIONS                       |               |                  | works commencing.   |
| minutes after work ha  | s completed.  | by the University on the the contractor <b>MUST</b>   |                                 | _             |                  | removed no sooner than 15 removing any covers.  |
| <b>COVERED</b> overnight <b>U</b> By signing the authori           | JNLESS work is being sation and acceptance              | undertaken during that<br>esection below, the Coi     | t time.<br>ntractor is agreeir  | g that should | d a fire fail to | etector heads <b>MUST NOT</b> rema<br>be detected due to a cover not<br>lamage sustained as a result.   |
| What measures are in pl<br>control dust, fume and v                |   |   |                                 |               |                  |   |
|  |   |   | ENCY CONTACT<br>nnected with th |               |                  |   |
| Name:  |   | Position:   |                                 |               | Contact:         |   |
|  |   | AUTHORISATI   | ON AND ACCE                     | PTANCE        |                  |   |
|  |   | n and ensured that the ne<br>been explained to all wo |                                 |               |                  | o carry out the work as defined abov<br>rk.   |
| Permit Acceptor:   |   | Signature:  |                                 | Valid         | From: Time       | e: Date:  |
| Company:   |   | Permit Issuer:  |                                 | Valid         | To: Time         | e: Date:  |
|  |   | HANDRACK DEC  |                                 | ELLATION      |                  |   |
| I confirm that the activity  | has been completed, che                                 | HANDBACK, RECI  |                                 |               | ly condition.    |   |
| Permit Acceptor:   |   | Signatu   | ıre:                            |               | Time             | e: Date:  |
|  | SECURITY  |   |                                 | ESTATI        | S & CAPIT        | AL DEVELOPMENT  |
|  | this form having been int<br>a secure and in a safe and |   |                                 |               |                  | en completed in accordance with th<br>n a safe and tidy condition.  |
|  | Time:   | Date:   |                                 |               | Time             | e: Date:  |

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| Aston University  |  |                                   | <u></u>                                      | <u> </u>                                | <u> </u>                              | <u>- 1.7.7.1</u>   |                 |                           |                            |  |  |  |
|---|--|-----------------------------------|--|---|---------------------------------------|--------------------|-----------------|---------------------------|----------------------------|--|--|--|
| Contractor:   |  |                                   |  | Permit Ac                               | ceptor:                               |                    |                 |                           |                            |  | will be/ha   |  |
| Building:   |  |                                   |  | Floor Nun                               | nber:                                 |                    |                 |                           |                            |  | covered?<br>approp   |  |
| Corridor:   |  |                                   |  | Room Nu                                 | mber(s):                              |                    |                 |                           |                            |  |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | solate   |                                   |  |   |                                       |                    |                 |                           |                            |  |  |  |
| Has a suitable and su<br>requiring this permit  |  | isk assessm                       | ent been u                                   | ndertake                                | en for the t                          | task               | YES             |                           | ○ NO                       | Safety<br>amend<br>five or<br>signific | e Management of<br>at Work Regulating<br>ded) require that<br>more employees<br>cant findings of a<br>fy those especiall | ions 1999 (as<br>organisations with<br>s record the<br>issessments and |
| Has a method staten   | nent beer  | n undertake                       | en for this t                                | ask?                                    |                                       | С                  | YES             | 1                         | ○ NO                       | must b<br>Develo                       |  |  |
|   |  |                                   |  | PR                                      | ECAUTIO                               | NS                 |                 |                           |                            | works                                  | commencing.  |  |
| Smoke/Heat detector h<br>minutes after work has   | complete   | ed.                               |  | ·                                       |                                       |                    |                 |                           |                            |  |  |  |
| Where dust, fume or sr  | noke has b                                       | been severe, i                    | ıne contract                                 | or <b>MUS</b>                           | notity Secu                           | ırıty on <u>01</u> | 1212            | <u>u4 4803</u> <b>P</b>   | KIUK to r                  | emoving                                | any covers   | •  |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris<br>being removed in acco | y. At that ti<br>I <b>NLESS</b> wo<br>sation and | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken c<br>section belo | nust be ref<br>during tha<br>ow, the Co | turned to E<br>t time.<br>ntractor is | states or S        | Secur<br>that s | rity. Smok<br>should a fi | e/Heat de<br>ire fail to k | tector he                              | eads <b>MUST</b><br>ed due to a  | <b>NOT</b> remain cover not  |
| What measures are in pla  | ce to  |                                   |  |   |                                       |                    |                 |                           |                            |  |  |  |
| control dust, fume and va   | ipour?   |                                   |  |   |                                       |                    |                 |                           |                            |  |  |  |
|   |  |                                   |  | EMERGI                                  | ENCY CON                              | NTACTS             |                 |                           |                            |  |  |  |
|   |  |                                   | (Perso                                       |   | nnected v                             |                    | work            | ()                        |                            |  |  |  |
| Name:   |  |                                   | Position                                     | n:                                      |                                       |                    |                 | Co                        | ontact:                    |  |  |  |
|   |  |                                   | AUTH   | ORISATI                                 | ION AND                               | ACCEPT             | ANC             | E .                       |                            |  |  |  |
| I confirm that I have verifi<br>and the conditions of this  |  |                                   |  |   |                                       |                    |                 |                           |                            |  | he work as d   | efined above   |
| Permit Acceptor:  |  |                                   | Signature:                                   |   |                                       |                    |                 | Valid Fro                 | m: Time                    | :                                      | Date:  |  |
| Company:  |  |                                   | Permit Issue                                 | r:                                      |                                       |                    |                 | Valid To:                 | Time                       | :                                      | Date:  |  |
|   |  |                                   | HANDBA                                       | CK, REC                                 | EIPT AND                              | CANCE              | LLA1            | <u> </u>                  |                            |  |  |  |
| I confirm that the activity   | has been co                                      | ompleted, che                     |  |   |                                       |                    |                 |                           | ndition.                   |  |  |  |
| Permit Acceptor:  |  |                                   |  | Signati                                 | ure:                                  |                    |                 |                           | Time                       | :                                      | Date:  |  |
|   | SECU   | <u>JRITY</u>                      |  |   |                                       |                    | ES              | TATES 8                   | CAPITA                     | L DEVE                                 | LOPMENT  | <u>Γ</u>   |
| I acknowledge receipt of in charge has left the area  |  |                                   |  |   |                                       |                    |                 |                           |                            |  | ed in accorda<br>tidy conditio   | ance with this<br>on.  |
|   | Tim  | 0:                                | Dato   |   | 1                                     |                    |                 |                           | Timo                       |  | Data   |  |

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|--|--|--|--|--|---|---|--------------------------------------|---|----------------------------------|-----------------------------|---|---|
| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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|--|------------------------|------------------------------|-------------------------------|----------------------|--------------------|----------|--|--|--|
| Contractor:  |                        | Permit .                     | Acceptor:                     |                      |                    |          | How many detectors will be/have been*  |  |  |
| Building:  |                        | Floor N                      | umber:                        |                      |                    |          | covered? (delete as appropriate).  |  |  |
| Corridor:  |                        | Room N                       | lumber(s):                    |                      |                    |          |  |  |  |
| Job Details (includir<br>reason for need to i<br>smoke/heat detecto  | solate                 |                              |                               |                      |                    |          | NB: The Management of Health and   |  |  |
| Has a suitable and s<br>requiring this permi   |                        | nent been underta            | ken for the tasl              | YES                  | ON                 | 10       | Safety at Work Regulations 1999 (as<br>amended) require that organisations with<br>five or more employees record the<br>significant findings of assessments and<br>identify those especially at risk. Risk |  |  |
| Has a method stater  | ment been undertal     | ken for this task?           |                               | ○ YES                | $\bigcirc$ $N$     | 10       | assessments and method statements<br>must be submitted to Estates & Capital<br>Development Department in advance of  |  |  |
|  |                        | P                            | RECAUTIONS                    |                      |                    |          | works commencing.  |  |  |
| Smoke/Heat detector<br>minutes after work ha   |                        | d by the University or       | the strict under              | rstanding that       | <b>ALL</b> covers  | are remo | oved no sooner than 15   |  |  |
| Where dust, fume or s  | moke has been severe   | e, the contractor <b>MUS</b> | <b>T</b> notify Security      | on <u>0121 204</u> 4 | 4803 <b>PRIO</b> I | to remo  | ving 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 pla<br>control dust, fume and v   |                        |                              |                               |                      |                    |          |  |  |  |
|  |                        |                              | GENCY CONT/<br>connected witl |                      |                    |          |  |  |  |
| Name:  |                        | Position:                    |                               |                      | Conta              | ct:      |  |  |  |
|  |                        |                              | TION AND AC                   |                      |                    |          |  |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                        |                              |                               |                      |                    |          | out the work as defined above  |  |  |
| Permit Acceptor:   |                        | Signature:                   |                               | Val                  | id From:           | Time:    | Date:  |  |  |
| Company:   |                        | Permit Issuer:               |                               | Val                  | id To:             | Time:    | Date:  |  |  |
|  |                        | HANDBACK, RE                 | CEIPT AND C                   | ANCELLATIO           | N                  |          |  |  |  |
| I confirm that the activity  | has been completed, ch | necked by myself and the     | e area left secure a          | and in a safe and    | tidy condition     | on.      |  |  |  |
| Permit Acceptor:   |                        | Sign                         | ature:                        |                      |                    | Time:    | Date:  |  |  |
|  | <u>SECURITY</u>        |                              |                               | ESTA                 | TES & CA           | PITAL D  | EVELOPMENT   |  |  |
| I acknowledge receipt of<br>in charge has left the are   |                        |                              |                               |                      |                    |          | npleted in accordance with this e and tidy condition.  |  |  |
|  | Time:                  | Date:                        |                               |                      |                    | Time:    | Date:  |  |  |

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| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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| Aston University   |               |                                      | <u>15\</u>                    | <u> </u>                 | 01110                  | <u> 11171</u>        |       |                                     |                 |   |  |   |
|--|---------------|--------------------------------------|-------------------------------|--------------------------|------------------------|----------------------|-------|-------------------------------------|-----------------|---|--|---|
| Contractor:  |               |                                      |                               | Permit Ac                | ceptor:                |                      |       |                                     |                 | wil   | l be/ha  | detectors<br>ve been*   |
| Building:  |               |                                      |                               | Floor Num                | nber:                  |                      |       |                                     |                 |   | approp   | (delete as<br>oriate).  |
| Corridor:  |               |                                      |                               | Room Nui                 | mber(s):               |                      |       |                                     |                 |   |  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto                               | olate         |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| Has a suitable and su<br>requiring this permit   |               | sk assessm                           | ent been u                    | ndertake                 | en for the             | task O               | YES   | 0                                   | NO              | Safety at We<br>amended) r<br>five or more<br>significant f | ork Regulati<br>equire that<br>e employees<br>indings of a | f Health and<br>ons 1999 (as<br>organisations with<br>record the<br>ssessments and<br>y at risk. Risk |
| Has a method staten  | nent been     | undertake                            | en for this to                | ask?                     |                        | 0                    | YES   | 0                                   | NO              | assessment<br>must be sub                                   | s and metho<br>omitted to E<br>nt Departm                  | od statements<br>states & Capital<br>ent in advance of  |
|  |               |                                      |                               | PRI                      | ECAUTIO                | NS                   |       |                                     |                 | Works com   | nenemg.  |   |
| Smoke/Heat detector h<br>minutes after work has  |               |                                      | by the Unive                  | ersity on tl             | he strict un           | derstandin           | ng th | at <b>ALL</b> cove                  | rs are re       | emoved no   | sooner t   | han 15  |
| Where dust, fume or sr   | noke has b    | een severe,                          | the contract                  | or <b>MUST</b>           | notify Secu            | ırity on <u>012</u>  | 21 20 | <u>04 4803</u> <b>PRIC</b>          | <b>DR</b> to re | moving any  | covers.  |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris | /. At that ti | me, <b>ALL</b> cov<br>ork is being u | vers issued m<br>Indertaken d | ust be ret<br>luring tha | turned to E<br>t time. | states or Se         | ecur  | ity. Smoke/H                        | leat det        | ector heads   | MUST   | <b>NOT</b> remain   |
| being removed in acco  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| What measures are in pla<br>control dust, fume and va  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
|  |               |                                      |                               |                          | nnected v              | NTACTS<br>vith the w | ork   | )                                   |                 |   |  |   |
| Name:  |               |                                      | Position                      | :                        |                        |                      |       | Cont                                | act:            |   |  |   |
|  |               |                                      | AUTH                          | ORISATI                  | ON AND                 | ACCEPTA              | NC    | E                                   |                 |   |  |   |
| I confirm that I have verifi<br>and the conditions of this   |               |                                      |                               |                          |                        |                      |       |                                     |                 | arry out the v  | vork as d  | efined above  |
| Permit Acceptor:   |               |                                      | Signature:                    |                          |                        |                      | \     | /alid From:                         | Time:           |   | Date:  |   |
| Company:   |               |                                      | Permit Issuer                 | :                        |                        |                      |       | /alid To:                           | Time:           |   | Date:  |   |
|  |               |                                      | HANDBA                        | CK, REC                  | EIPT AND               | CANCELI              | LAT   | <u>ION</u>                          |                 |   |  |   |
| I confirm that the activity  | has been co   | mpleted, che                         | cked by myse                  | lf and the a             | area left secu         | re and in a s        | afe a | and tidy condi                      | tion.           |   |  |   |
| Permit Acceptor:   |               |                                      |                               | Signatu                  | ure:                   |                      |       |                                     | Time:           |   | Date:  |   |
|  | SECU          | <u>JRITY</u>                         |                               |                          |                        |                      | ES    | TATES & C                           | APITA           | L DEVELO  | PMEN1  |   |
| I acknowledge receipt of in charge has left the area   |               |                                      |                               |                          |                        |                      |       | t the activity h<br>rea left secure |                 |   |  |   |
|  | Time          | ٠.                                   | Date:                         |                          |                        |                      |       |                                     | Time:           |   | Date:  |   |

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| Aston University   |               |                                      | <u>15\</u>                    | <u> </u>                 | 01110                  | <u> 11171</u>        |       |                                     |                 |   |  |   |
|--|---------------|--------------------------------------|-------------------------------|--------------------------|------------------------|----------------------|-------|-------------------------------------|-----------------|---|--|---|
| Contractor:  |               |                                      |                               | Permit Ac                | ceptor:                |                      |       |                                     |                 | wil   | l be/ha  | detectors<br>ve been*   |
| Building:  |               |                                      |                               | Floor Num                | nber:                  |                      |       |                                     |                 |   | approp   | (delete as<br>oriate).  |
| Corridor:  |               |                                      |                               | Room Nui                 | mber(s):               |                      |       |                                     |                 |   |  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto                               | olate         |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| Has a suitable and su<br>requiring this permit   |               | sk assessm                           | ent been u                    | ndertake                 | en for the             | task O               | YES   | 0                                   | NO              | Safety at We<br>amended) r<br>five or more<br>significant f | ork Regulati<br>equire that<br>e employees<br>indings of a | f Health and<br>ons 1999 (as<br>organisations with<br>record the<br>ssessments and<br>y at risk. Risk |
| Has a method staten  | nent been     | undertake                            | en for this to                | ask?                     |                        | 0                    | YES   | 0                                   | NO              | assessment<br>must be sub                                   | s and metho<br>omitted to E<br>nt Departm                  | od statements<br>states & Capital<br>ent in advance of  |
|  |               |                                      |                               | PRI                      | ECAUTIO                | NS                   |       |                                     |                 | Works com   | nenemg.  |   |
| Smoke/Heat detector h<br>minutes after work has  |               |                                      | by the Unive                  | ersity on tl             | he strict un           | derstandin           | ng th | at <b>ALL</b> cove                  | rs are re       | emoved no   | sooner t   | han 15  |
| Where dust, fume or sr   | noke has b    | een severe,                          | the contract                  | or <b>MUST</b>           | notify Secu            | ırity on <u>012</u>  | 21 20 | <u>04 4803</u> <b>PRIC</b>          | <b>DR</b> to re | moving any  | covers.  |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris | /. At that ti | me, <b>ALL</b> cov<br>ork is being u | vers issued m<br>Indertaken d | ust be ret<br>luring tha | turned to E<br>t time. | states or Se         | ecur  | ity. Smoke/H                        | leat det        | ector heads   | MUST   | <b>NOT</b> remain   |
| being removed in acco  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
| What measures are in pla<br>control dust, fume and va  |               |                                      |                               |                          |                        |                      |       |                                     |                 |   |  |   |
|  |               |                                      |                               |                          | nnected v              | NTACTS<br>vith the w | ork   | )                                   |                 |   |  |   |
| Name:  |               |                                      | Position                      | :                        |                        |                      |       | Cont                                | act:            |   |  |   |
|  |               |                                      | AUTH                          | ORISATI                  | ON AND                 | ACCEPTA              | NC    | E                                   |                 |   |  |   |
| I confirm that I have verifi<br>and the conditions of this   |               |                                      |                               |                          |                        |                      |       |                                     |                 | arry out the v  | vork as d  | efined above  |
| Permit Acceptor:   |               |                                      | Signature:                    |                          |                        |                      | \     | /alid From:                         | Time:           |   | Date:  |   |
| Company:   |               |                                      | Permit Issuer                 | :                        |                        |                      |       | /alid To:                           | Time:           |   | Date:  |   |
|  |               |                                      | HANDBA                        | CK, REC                  | EIPT AND               | CANCELI              | LAT   | <u>ION</u>                          |                 |   |  |   |
| I confirm that the activity  | has been co   | mpleted, che                         | cked by myse                  | lf and the a             | area left secu         | re and in a s        | afe a | and tidy condi                      | tion.           |   |  |   |
| Permit Acceptor:   |               |                                      |                               | Signatu                  | ure:                   |                      |       |                                     | Time:           |   | Date:  |   |
|  | SECU          | <u>JRITY</u>                         |                               |                          |                        |                      | ES    | TATES & C                           | APITA           | L DEVELO  | PMEN1  |   |
| I acknowledge receipt of in charge has left the area   |               |                                      |                               |                          |                        |                      |       | t the activity h<br>rea left secure |                 |   |  |   |
|  | Time          | ٠.                                   | Date:                         |                          |                        |                      |       |                                     | Time:           |   | Date:  |   |

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| riscon Oniversity  |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|--|--|--|--|--|---|---|--------------------------------------|---|----------------------------------|-----------------------------|---|---|
| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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| Aston University   |   |                   | <u></u>       | <i></i> , <u>, , , , , , , , , , , , , , , , , , </u> |                 | <del></del> |       |                                     |          |                             |  |  |
|--|---|-------------------|---------------|---|-----------------|-------------|-------|-------------------------------------|----------|-----------------------------|--|--|
| Contractor:  |   |                   |               | Permit Ac   | cceptor:        |             |       |                                     |          |                             | will be/h  | y detectors<br>ave been*   |
| Building:  |   |                   |               | Floor Nur   | mber:           |             |       |                                     |          |                             |  | ? (delete as priate).  |
| Corridor:  |   |                   |               | Room Nu   | mber(s):        |             |       |                                     |          |                             |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto   | olate   |                   |               |   |                 |             |       |                                     |          |                             |  |  |
| Has a suitable and su<br>requiring this permit   |   | risk assessm      | ent been ur   | ndertake  | en for the ta   | ask O       | YES   | O                                   | NO       | Safe<br>ame<br>five<br>sign | or more employe<br>ificant findings of   | tions 1999 (as<br>t organisations with<br>es record the<br>assessments and |
| Has a method staten  | nent bee  | en undertake      | n for this ta | isk?  |                 | 0           | YES   | 0                                   | NO       | asse<br>mus<br>Dev          | ntify those especial<br>essments and met<br>st be submitted to<br>relopment Departicks commencing. | nod statements   |
|  |   |                   |               | PR  | <b>ECAUTION</b> | I <u>S</u>  |       |                                     |          | ****                        | commencing.  |  |
|  | Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed. |                   |               |   |                 |             |       |                                     |          |                             |  |  |
| Where dust, fume or sr   | Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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. |   |                   |               |   |                 |             |       |                                     |          |                             |  |  |
| being removed in acco  | ordance w   | vith this isolati | on form, the  | Contract  | tor will be he  | eld liable  | for a | ny loss, injur                      | y or dan | nage s                      | sustained as   | a result.  |
| What measures are in pla<br>control dust, fume and va  |   |                   |               |   |                 |             |       |                                     |          |                             |  |  |
|  |   |                   |               |   | ENCY CON        |             |       |                                     |          |                             |  |  |
|  |   |                   | (Perso        | n not co  | nnected w       | ith the v   | vork  | <u> </u>                            |          |                             |  |  |
| Name:  |   |                   | Position      | :   |                 |             |       | Conta                               | act:     |                             |  |  |
|  |   |                   | AUTH          | ORISAT  | ION AND A       | CCEPT       | ANC   | <u>E</u>                            |          |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this   |   |                   |               |   |                 |             |       |                                     |          | arry ou                     | t the work as  | defined above  |
| Permit Acceptor:   |   |                   | Signature:    |   |                 |             |       | Valid From:                         | Time:    |                             | Date   |  |
| Company:   |   |                   | Permit Issuer | :   |                 |             |       | Valid To:                           | Time:    |                             | Date   |  |
|  |   |                   | HANDBA        | CK, REC   | EIPT AND        | CANCEL      | LA1   | <u> </u>                            |          |                             |  |  |
| I confirm that the activity  | confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.  |                   |               |   |                 |             |       |                                     |          |                             |  |  |
| Permit Acceptor:   |   |                   |               | Signati   | ure:            |             |       |                                     | Time:    |                             | Date   |  |
| Tariman lad  |   | URITY             |               |   |                 |             |       | TATES & C                           |          |                             |  |  |
| I acknowledge receipt of in charge has left the area   |   |                   |               |   |                 |             |       | t the activity h<br>rea left secure |          |                             |  |  |
|  | Tin   | ne:               | Date:         |   |                 |             | _     |                                     | Time:    |                             | Date   |  |

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| Aston University   |   |                   | <u></u>       | <i></i> , <u>, , , , , , , , , , , , , , , , , , </u> |                 | <del></del> |       |                                     |          |                             |  |  |
|--|---|-------------------|---------------|---|-----------------|-------------|-------|-------------------------------------|----------|-----------------------------|--|--|
| Contractor:  |   |                   |               | Permit Ac   | cceptor:        |             |       |                                     |          |                             | will be/h  | y detectors<br>ave been*   |
| Building:  |   |                   |               | Floor Nur   | mber:           |             |       |                                     |          |                             |  | ? (delete as priate).  |
| Corridor:  |   |                   |               | Room Nu   | mber(s):        |             |       |                                     |          |                             |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto   | olate   |                   |               |   |                 |             |       |                                     |          |                             |  |  |
| Has a suitable and su<br>requiring this permit   |   | risk assessm      | ent been ur   | ndertake  | en for the ta   | ask O       | YES   | O                                   | NO       | Safe<br>ame<br>five<br>sign | or more employe<br>ificant findings of   | tions 1999 (as<br>t organisations with<br>es record the<br>assessments and |
| Has a method staten  | nent bee  | en undertake      | n for this ta | isk?  |                 | 0           | YES   | 0                                   | NO       | asse<br>mus<br>Dev          | ntify those especial<br>essments and met<br>st be submitted to<br>relopment Departicks commencing. | nod statements   |
|  |   |                   |               | PR  | <b>ECAUTION</b> | I <u>S</u>  |       |                                     |          | ****                        | commencing.  |  |
|  | Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed. |                   |               |   |                 |             |       |                                     |          |                             |  |  |
| Where dust, fume or sr   | Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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. |   |                   |               |   |                 |             |       |                                     |          |                             |  |  |
| being removed in acco  | ordance w   | vith this isolati | on form, the  | Contract  | tor will be he  | eld liable  | for a | ny loss, injur                      | y or dan | nage s                      | sustained as   | a result.  |
| What measures are in pla<br>control dust, fume and va  |   |                   |               |   |                 |             |       |                                     |          |                             |  |  |
|  |   |                   |               |   | ENCY CON        |             |       |                                     |          |                             |  |  |
|  |   |                   | (Perso        | n not co  | nnected w       | ith the v   | vork  | <u> </u>                            |          |                             |  |  |
| Name:  |   |                   | Position      | :   |                 |             |       | Conta                               | act:     |                             |  |  |
|  |   |                   | AUTH          | ORISAT  | ION AND A       | CCEPT       | ANC   | <u>E</u>                            |          |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this   |   |                   |               |   |                 |             |       |                                     |          | arry out                    | t the work as  | defined above  |
| Permit Acceptor:   |   |                   | Signature:    |   |                 |             |       | Valid From:                         | Time:    |                             | Date   |  |
| Company:   |   |                   | Permit Issuer | :   |                 |             |       | Valid To:                           | Time:    |                             | Date   |  |
|  |   |                   | HANDBA        | CK, REC   | EIPT AND        | CANCEL      | LA1   | <u> </u>                            |          |                             |  |  |
| I confirm that the activity  | confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.  |                   |               |   |                 |             |       |                                     |          |                             |  |  |
| Permit Acceptor:   |   |                   |               | Signati   | ure:            |             |       |                                     | Time:    |                             | Date   |  |
| Tariman lad  |   | URITY             |               |   |                 |             |       | TATES & C                           |          |                             |  |  |
| I acknowledge receipt of in charge has left the area   |   |                   |               |   |                 |             |       | t the activity h<br>rea left secure |          |                             |  |  |
|  | Tin   | ne:               | Date:         |   |                 |             | _     |                                     | Time:    |                             | Date   |  |

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|--|--------------|--------------|----------------|---------------|-----------------|--------------|----------|------------|-------|---------------------------------------|--|--|--|--|--|
| Contractor:  |              |              |                | Permit Ac     | ceptor:         |              |          |            |       | How many detectors will be/have been* |  |  |  |  |  |
| Building:  |              |              |                | Floor Nun     | nber:           |              |          |            |       |                                       |  | ? (delete as oriate).  |  |  |  |
| Corridor:  |              |              |                | Room Nu       | mber(s):        |              |          |            |       |                                       |  |  |  |  |  |
| Job Details (includi<br>reason for need to<br>smoke/heat detect  | isolate      |              |                |               |                 |              |          |            |       |                                       |  |  |  |  |  |
| Has a suitable and s<br>requiring this perm  |              | risk assessm | nent been u    | ndertake      | en for the tas  | k OYE        | ES .     | 01         | NO    | Safe<br>ame<br>five<br>sign           | The Management of<br>ety at Work Regulat<br>ended) require that<br>or more employee<br>officant findings of a<br>nify those especial | ions 1999 (as<br>organisations with<br>s record the<br>assessments and |  |  |  |
| Has a method state   | ment bee     | n undertak   | en for this to | ask?          |                 | ○ YE         | S        | $\bigcirc$ | 10    | asse                                  | essments and meth<br>st be submitted to I<br>relopment Departm   | od statements<br>Estates & Capital                                     |  |  |  |
|  |              |              |                | PR            | ECAUTIONS       |              |          |            |       | wor                                   | ks commencing.   |  |  |  |  |
| 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       | n:            |                 |              |          | Conta      | ıct:  |                                       |  |  |  |  |  |
|  |              |              | AUTH           | ORISATI       | ION AND AC      | CEPTAN       | ICE      |            |       |                                       |  |  |  |  |  |
| I confirm that I have veri<br>and the conditions of th   |              |              | n and ensured  | that the ne   | ecessary precau | tions have l | been tak |            |       | arry ou                               | t the work as d  | efined above   |  |  |  |
| Permit Acceptor:   |              |              | Signature:     |               |                 |              | Valid    | From:      | Time: |                                       | Date:  |  |  |  |  |
| Company:   |              |              | Permit Issue   | r:            |                 |              | Valid    | То:        | Time: |                                       | Date:  |  |  |  |  |
|  |              |              | HANDRA         | CK. RFC       | EIPT AND C      | ANCELL A     | NOITA    |            |       |                                       |  |  |  |  |  |
| I confirm that the activity  | y has been c | ompleted, ch |                |               |                 |              |          | dy condit  | on.   |                                       |  |  |  |  |  |
| Permit Acceptor:   |              |              |                | Signati       | ure:            |              |          |            | Time: |                                       | Date:  |  |  |  |  |
|  | SEC          | <u>URITY</u> |                |               |                 | E            | STATI    | ES & CA    | PITAL | DEV                                   | ELOPMENT   | [  |  |  |  |
| I acknowledge receipt of<br>in charge has left the are   |              |              |                |               |                 |              |          |            |       |                                       | eted in accordand tidy condition   |  |  |  |  |
|  | Tim          | ne:          | Date:          |               | 1               |              |          |            | Time: | Date:                                 |  |  |  |  |  |

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|---|-----------|----------------------|---------------|----------------|----------------|-------------------|----------|--------------------|----------------------|-----------------|--|-----------------------------|--|
| Contractor:   |           |                      |               | Permit Ac      | ceptor:        |                   |          |                    |                      |                 |  | will be/h                   | y detectors<br>ave been*   |
| Building:   |           |                      |               | Floor Nun      | nber:          |                   |          |                    |                      |                 |  |                             | ? (delete as priate).  |
| Corridor:   |           |                      |               | Room Nu        | mber(s):       |                   |          |                    |                      |                 |  |                             |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto    | solate    |                      |               |                |                |                   |          |                    |                      |                 |  |                             |  |
| Has a suitable and su<br>requiring this permit                          |           | risk assessm         | ent been u    | ndertake       | en for the     | task              | YE       | S                  | $\bigcirc$ l         | 10              | Safety a<br>amendo<br>five or r<br>significa | more employe                | tions 1999 (as<br>t organisations with<br>es record the<br>assessments and |
| Has a method staten   | nent be   | en undertake         | en for this t | ask?           |                |                   | ) YE     | S                  | $\bigcirc$ l         | 10              | must be<br>Develo                            | e submitted to              | nod statements<br>Estates & Capital<br>ment in advance of                  |
|   |           |                      |               | PR             | ECAUTIO        | NS                |          |                    |                      |                 | WOIKS  | commencing.                 |  |
| Smoke/Heat detector h<br>minutes after work has                         |           |                      | by the Univ   | ersity on t    | he strict un   | derstand          | ding     | that <b>AL</b>     | <b>L</b> cover       | are re          | moved r                                      | no sooner                   | than 15  |
| Where dust, fume or sr  | noke has  | s been severe,       | the contract  | or <b>MUST</b> | notify Secu    | ırity on <u>(</u> | )121     | 204 480            | <u>3</u> <b>PRIO</b> | <b>R</b> to rer | noving a                                     | any cover                   | 5.   |
| This permit is only va<br>end of the working day<br>COVERED overnight U | . At that | time, <b>ALL</b> cov | ers issued m  | nust be ret    | turned to E    |                   |          |                    |                      |                 |  |                             |  |
| By signing the authoris<br>being removed in acco                        |           |                      |               |                |                |                   |          |                    |                      |                 |  |                             |  |
| What measures are in pla<br>control dust, fume and va                   |           |                      |               |                |                |                   |          |                    |                      |                 |  |                             |  |
|   |           |                      |               | EMERGI         | ENCY CON       | NTACTS            | <u> </u> |                    |                      |                 |  |                             |  |
|   |           |                      | (Perso        | on not co      | nnected v      | with the          | wor      | ·k)                |                      |                 |  |                             |  |
| Name:   |           |                      | Position      | n:             |                |                   |          |                    | Conta                | ct:             |  |                             |  |
|   |           |                      | AUTH          | ORISATI        | ON AND         | ACCEP             | ΓΑΝ      | <u>CE</u>          |                      |                 |  |                             |  |
| I confirm that I have verifi<br>and the conditions of this              |           |                      |               |                |                |                   |          |                    |                      |                 | rry out th                                   | ne work as                  | defined above  |
| Permit Acceptor:  |           |                      | Signature:    |                |                |                   |          | Valid              | From:                | Time:           |  | Date                        |  |
| Company:  |           |                      | Permit Issue  | r:             |                |                   |          | Valid <sup>-</sup> | Го:                  | Time:           |  | Date                        |  |
|   |           |                      | HANDBA        | CK, REC        | EIPT AND       | CANCI             | LLA      | TION               |                      |                 |  |                             |  |
| I confirm that the activity   | has been  | completed, che       | cked by myse  | If and the a   | area left secu | ire and in        | a safe   | e and tid          | y conditi            | on.             |  |                             |  |
| Permit Acceptor:  |           |                      |               | Signati        | ure:           |                   |          |                    |                      | Time:           |  | Date                        |  |
|   | SEC       | CURITY               |               |                |                |                   | E        | STATE              | S & CA               | PITAL           | . DEVE                                       | LOPMEN                      | T  |
| I acknowledge receipt of t<br>in charge has left the area               |           |                      |               |                |                |                   |          |                    |                      |                 |  | ed in accord<br>tidy condit | ance with this<br>on.  |
|   | т:        | mo                   | Dato          |                | 1              |                   |          |                    |                      | Timo            |  | Data                        |  |

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|--|--------------|-----------------------------------|--------------------------------|---------------|-------------|----------|------|------------|--------|--|--|--|
| Contractor:  |              |                                   |                                | Permit Ac     | ceptor:     |          |      |            |        |  | will be/h  | y detectors<br>ave been*   |
| Building:  |              |                                   |                                | Floor Nun     | nber:       |          |      |            |        |  |  | l? (delete as opriate).  |
| Corridor:  |              |                                   |                                | Room Nu       | mber(s):    |          |      |            |        |  |  |  |
| Job Details (including reason for need to is smoke/heat detectors)   | solate       |                                   |                                |               |             |          |      |            |        |  |  |  |
| Has a suitable and su<br>requiring this permit   |              | isk assessm                       | nent been u                    | ndertake      | n for the t | ask O    | /ES  | OI         | NO     | Safe<br>ame<br>five<br>sign  | or more employe  | ations 1999 (as<br>at organisations with<br>es record the<br>f assessments and |
| Has a method stater  | ment bee     | n undertak                        | en for this t                  | ask?          |             | 0)       | /ES  | OI         | NO     | asse<br>mus<br>Dev   | essments and met<br>st be submitted to<br>relopment Depart |  |
|  |              |                                   |                                | PR            | ECAUTION    | IS       |      |            |        | wor  | ks commencing.   |  |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed.  Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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 <b>ALL</b> covers at the end of the working day. At that time, <b>ALL</b> covers issued must be returned to Estates or Security. Smoke/Heat detector heads <b>MUST NOT</b> remain <b>COVERED</b> overnight <b>UNLESS</b> 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 pla<br>control dust, fume and v   |              |                                   |                                |               |             |          |      |            |        |  |  |  |
|  |              |                                   |                                |               | ENCY CON    |          | ork) |            |        |  |  |  |
| Name:  |              |                                   | Position                       | :             |             |          |      | Conta      | act:   |  |  |  |
|  |              |                                   | AUTH                           | ORISATI       | ION AND A   | CCEPTA   | NCE  |            |        |  |  |  |
| I confirm that I have verifi<br>and the conditions of this   |              |                                   |                                |               |             |          |      |            |        |  | t the work as  | defined above  |
| Permit Acceptor:   |              |                                   | Signature:                     |               |             |          | V    | alid From: | Time:  |  | Date   | :  |
| Company:   |              |                                   | Permit Issue                   | <i>"</i> :    |             |          | V    | alid To:   | Time:  |  | Date   | :  |
|  |              |                                   | <u>HANDB</u> A                 | CK, REC       | EIPT AND    | CANCELI  | LATI | <u>ON</u>  |        |  |  |  |
| I confirm that the activity  | has been co  | ompleted, che                     |                                |               |             |          |      |            | ion.   |  |  |  |
| Permit Acceptor:   |              |                                   |                                | Signatu       | ure:        |          |      |            | Time:  |  | Date   | :  |
|  | SEC          | <u>URITY</u>                      |                                |               |             |          | ES1  | ATES & CA  | APITAI | DEV  | ELOPMEN  | IT   |
| I acknowledge receipt of<br>in charge has left the area  | this form ha | aving been inf<br>d in a safe and | formed that the tidy condition | e person      |             |          |      |            |        | en completed in accordance with this<br>n a safe and tidy condition. |  |  |
|  | Tim          | ne.                               | Date:                          |               | 1 1         |          |      |            | Time   |  | Date   |  |

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| Contractor:   |               |                     |              | Permit Ac      | ceptor:      |                     |       |                            |                 |   | will be/ha  | detectors<br>ve been*  |
| Building:   |               |                     |              | Floor Nun      | nber:        |                     |       |                            |                 |   | covered?  |  |
| Corridor:   |               |                     |              | Room Nui       | mber(s):     |                     |       |                            |                 |   |   |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto    | olate         |                     |              |                |              |                     |       |                            |                 |   |   |  |
| Has a suitable and su<br>requiring this permit                          |               | sk assessme         | ent been u   | ndertake       | en for the t | task                | YES   | 0                          | NO              | Safety a<br>amend<br>five or r<br>significa | more employee                                       | ons 1999 (as<br>organisations with<br>s record the<br>ssessments and |
| Has a method staten   | nent been     | undertakei          | n for this t | ask?           |              | O,                  | YES   | 0                          | NO              | assessn<br>must be<br>Develo                | nents and meth<br>e submitted to E<br>pment Departm |  |
|   |               |                     |              | PRI            | ECAUTIO      | NS                  |       |                            |                 | works c                                     | commencing.   |  |
| Smoke/Heat detector h<br>minutes after work has                         |               |                     | by the Unive |                |              |                     | ng th | nat <b>ALL</b> cove        | rs are re       | emoved r                                    | no sooner 1   | han 15   |
| Where dust, fume or sr  | noke has b    | een severe, t       | he contract  | or <b>MUST</b> | notify Secu  | ırity on <u>012</u> | 21 20 | <u>04 4803</u> <b>PRIC</b> | <b>OR</b> to re | moving                                      | any covers  |  |
| This permit is only va<br>end of the working day<br>COVERED overnight U | /. At that ti | me, <b>ALL</b> cove | ers issued m | ust be ret     | turned to E  |                     |       |                            |                 |   |   |  |
| By signing the authoris<br>being removed in acco                        |               |                     |              |                |              |                     |       |                            |                 |   |   |  |
| What measures are in pla<br>control dust, fume and va                   |               |                     |              |                |              |                     |       |                            |                 |   |   |  |
|   |               |                     |              |                | NCY CON      |                     | ork/  | :)                         |                 |   |   |  |
| Name:   |               |                     | Position     |                |              |                     |       | Cont                       | act:            |   |   |  |
|   |               |                     | AUTH         | ORISATI        | ON AND       | ACCEPTA             | NC    | E                          |                 |   |   |  |
| I confirm that I have verifi<br>and the conditions of this              |               |                     |              |                |              |                     |       |                            |                 |   | ne work as d  | efined above   |
| Permit Acceptor:  |               |                     | Signature:   |                |              |                     | \     | Valid From:                | Time:           |   | Date:   |  |
| Company:  |               |                     | Permit Issue | r:             |              |                     |       | Valid To:                  | Time:           |   | Date:   |  |
|   |               |                     | HANDBA       | CK, REC        | EIPT AND     | CANCEL              | LAT   | TION                       |                 |   |   |  |
| I confirm that the activity   | has been co   | mpleted, chec       |              |                |              |                     |       |                            | tion.           |   |   |  |
| Permit Acceptor:  |               |                     |              | Signatu        | ure:         |                     |       |                            | Time:           |   | Date:   |  |
|   | SECU          | <u>JRITY</u>        |              |                |              |                     | ES    | TATES & C                  | APITA           | L DEVE                                      | LOPMENT   |  |
| I acknowledge receipt of in charge has left the area                    |               |                     |              |                |              |                     |       | t the activity h           |                 |   |   |  |
|   | Time          | 2.                  | Date:        |                | 1            |                     |       |                            | Time:           |   | Date:   |  |

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| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector h    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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| Aston University  |   |   | <u></u>                                      |                                      | <u> </u>                              |                   |        |                    |                      |                 |                                   |   |  |   |
|---|---|---|--|--------------------------------------|---------------------------------------|-------------------|--------|--------------------|----------------------|-----------------|-----------------------------------|---|--|---|
| Contractor:   |   |   |  | Permit Ac                            | ceptor:                               |                   |        |                    |                      |                 |                                   | will b  | e/ha   | detectors<br>ve been*   |
| Building:   |   |   |  | Floor Nun                            | nber:                                 |                   |        |                    |                      |                 |                                   |   |  | (delete as<br>oriate).  |
| Corridor:   |   |   |  | Room Nui                             | mber(s):                              |                   |        |                    |                      |                 |                                   |   |  |   |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate   |   |  |                                      |                                       |                   |        |                    |                      |                 | AID T                             |   |  | (1)   |
| Has a suitable and su<br>requiring this permit  |   | isk assessme  | ent been ur                                  | ndertake                             | n for the                             | task              | YES    | 5                  | $\bigcirc$ I         | NO              | Safet<br>amer<br>five o<br>signif | y at Work R<br>nded) requi<br>or more em<br>ficant findir | Regulation<br>fre that of<br>ployees<br>ngs of a | f Health and<br>ons 1999 (as<br>organisations w<br>record the<br>ssessments and |
| Has a method staten   | nent bee  | n undertake   | n for this ta                                | ısk?                                 |                                       |                   | ) YES  | 5                  | $\bigcirc$ I         | NO              | asses<br>must<br>Deve             | sments and<br>be submit                                   | d metho<br>ted to E<br>epartm                    | y at risk. Risk<br>od statements<br>states & Capital<br>ent in advance          |
|   |   |   |  | PRI                                  | <b>ECAUTIO</b>                        | NS                |        |                    |                      |                 |                                   |   |  |   |
| Smoke/Heat detector h<br>minutes after work has   |   |   | oy the Unive                                 | rsity on tl                          | he strict ur                          | nderstand         | ding t | hat <b>AL</b>      | <b>L</b> cover       | s are re        | moved                             | l no soc  | ner t  | han 15  |
| Where dust, fume or sr  | noke has I                                      | been severe, t  | the contracto                                | or <b>MUST</b>                       | notify Secu                           | urity on <u>0</u> | 121 2  | 204 480            | <u>3</u> <b>PRIO</b> | <b>R</b> to rei | moving                            | g any co  | vers.  |   |
| This permit is only va<br>end of the working day<br>COVERED overnight U<br>By signing the authoris<br>being removed in acco | v. At that t<br>I <b>NLESS</b> wo<br>sation and | ime, <b>ALL</b> cove<br>ork is being un<br>acceptance s | ers issued m<br>ndertaken d<br>section belov | ust be ret<br>uring tha<br>w, the Co | turned to E<br>t time.<br>ntractor is | states or         | Secu   | rity. Sm<br>should | a fire fa            | eat dete        | ector h                           | eads <b>M</b><br>ted due                                  | <b>UST</b> I                                     | <b>NOT</b> remai  |
| What measures are in pla<br>control dust, fume and va   |   |   |  |                                      |                                       |                   |        |                    |                      |                 |                                   |   |  |   |
|   |   |   |  |                                      | nnected v                             |                   |        | k)                 |                      |                 |                                   |   |  |   |
| Name:   |   |   | Position                                     |                                      |                                       |                   |        |                    | Conta                | ıct:            |                                   |   |  |   |
|   |   |   | AUTH   | ORISATI                              | ON AND                                | ACCEP1            | ΓΑΝ    | <u>CE</u>          |                      |                 |                                   |   |  |   |
| I confirm that I have verifi<br>and the conditions of this  |   |   |  |                                      |                                       |                   |        |                    |                      |                 | arry out                          | the worl  | c as de  | efined above  |
| Permit Acceptor:  |   |   | Signature:                                   |                                      |                                       |                   |        | Valid I            | From:                | Time:           |                                   |   | Date:  |   |
| Company:  |   |   | Permit Issuer                                |                                      |                                       |                   |        | Valid <sup>-</sup> | Го:                  | Time:           |                                   |   | Date:  |   |
|   |   |   | HANDBA                                       |                                      |                                       |                   |        |                    |                      |                 |                                   |   |  |   |
| I confirm that the activity   | has been c                                      | ompleted, chec  | cked by mysel                                | f and the a                          | ırea left secu                        | ure and in        | a safe | and tid            | y conditi            | on.             |                                   |   |  |   |
| Permit Acceptor:  |   |   |  | Signatu                              | ure:                                  |                   |        |                    |                      | Time:           |                                   |   | Date:  |   |
| l acknowledge receipt of  |   | URITY   | armod that the                               | norcon                               |                                       | lam satisf        |        |                    | S & CA               |                 |                                   |   |  | nce with thi  |
| in charge has left the area   |   |   |  |                                      |                                       | permit and        |        |                    |                      |                 |                                   |   |  |   |
|   | Tim   | ie:   | Date:  |                                      |                                       |                   |        |                    |                      | Time:           |                                   | [   | Date:  |   |

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| Contractor:   |                                    | Perm               | it Acceptor:        |                |                      | How many detectors will be/have been*   |  |  |  |  |  |
|---|------------------------------------|--------------------|---------------------|----------------|----------------------|---|--|--|--|--|--|
| Building:   |                                    | Floor              | Number:             |                |                      | covered? (delete as appropriate).   |  |  |  |  |  |
| Corridor:   |                                    | Roon               | n Number(s):        |                |                      |   |  |  |  |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate                              |                    |                     |                |                      |   |  |  |  |  |  |
| Has a suitable and su<br>requiring this permit  |                                    | nent been under    | aken for the tasl   | 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 |  |  |  |  |  |
| Has a method staten   | nent been undertal                 | en for this task?  |                     | YES            | ○ NO                 | identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of                                   |  |  |  |  |  |
|   | works commencing.                  |                    |                     |                |                      |   |  |  |  |  |  |
| 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 <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> to removing any covers.                                    |                                    |                    |                     |                |                      |   |  |  |  |  |  |
|   | v. At that time, <b>ALL</b> co     | vers issued must b | e returned to Estat |                |                      | the removal of <b>ALL</b> covers at the letector heads <b>MUST NOT</b> remain   |  |  |  |  |  |
|   |                                    |                    |                     |                |                      | be detected due to a cover not damage sustained as a result.  |  |  |  |  |  |
| What measures are in pla<br>control dust, fume and va   | l l                                |                    |                     |                |                      |   |  |  |  |  |  |
|   |                                    |                    | RGENCY CONTA        |                |                      |   |  |  |  |  |  |
|   |                                    | (Person no         | t connected with    | n the work)    |                      |   |  |  |  |  |  |
| Name:   |                                    | Position:          |                     |                | Contact:             |   |  |  |  |  |  |
|   |                                    | AUTHORIS           | ATION AND AC        | CEPTANCE       |                      |   |  |  |  |  |  |
| I confirm that I have verifi<br>and the conditions of this  |                                    |                    |                     |                |                      | o carry out the work as defined above<br>rk.  |  |  |  |  |  |
| Permit Acceptor:  |                                    | Signature:         |                     | V              | alid From: Tim       | e: Date:  |  |  |  |  |  |
| Company:  |                                    | Permit Issuer:     |                     | V              | alid To: Tim         | Date:   |  |  |  |  |  |
|   | HANDBACK, RECEIPT AND CANCELLATION |                    |                     |                |                      |   |  |  |  |  |  |
| I confirm that the activity   | has been completed, ch             |                    |                     |                |                      |   |  |  |  |  |  |
| Permit Acceptor:  |                                    | Się                | gnature:            |                | Tim                  | e: Date:  |  |  |  |  |  |
| I acknowledge receipt of in charge has left the area  |                                    |                    |                     | satisfied that | the activity has bee | AL DEVELOPMENT  en completed in accordance with this n a safe and tidy condition.   |  |  |  |  |  |
| J   | Time:                              | Date:              |                     |                | Tim                  | ,   |  |  |  |  |  |

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| Contractor:   |                                    | Perm               | it Acceptor:        |                |                      | How many detectors will be/have been*   |  |  |  |  |  |
|---|------------------------------------|--------------------|---------------------|----------------|----------------------|---|--|--|--|--|--|
| Building:   |                                    | Floor              | Number:             |                |                      | covered? (delete as appropriate).   |  |  |  |  |  |
| Corridor:   |                                    | Roon               | n Number(s):        |                |                      |   |  |  |  |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto  | olate                              |                    |                     |                |                      |   |  |  |  |  |  |
| Has a suitable and su<br>requiring this permit  |                                    | nent been under    | aken for the tasl   | 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 |  |  |  |  |  |
| Has a method staten   | nent been undertal                 | en for this task?  |                     | YES            | ○ NO                 | identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of                                   |  |  |  |  |  |
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|   | v. At that time, <b>ALL</b> co     | vers issued must b | e returned to Estat |                |                      | the removal of <b>ALL</b> covers at the letector heads <b>MUST NOT</b> remain   |  |  |  |  |  |
|   |                                    |                    |                     |                |                      | be detected due to a cover not damage sustained as a result.  |  |  |  |  |  |
| What measures are in pla<br>control dust, fume and va   | l l                                |                    |                     |                |                      |   |  |  |  |  |  |
|   |                                    |                    | RGENCY CONTA        |                |                      |   |  |  |  |  |  |
|   |                                    | (Person no         | t connected with    | n the work)    |                      |   |  |  |  |  |  |
| Name:   |                                    | Position:          |                     |                | Contact:             |   |  |  |  |  |  |
|   |                                    | AUTHORIS           | ATION AND AC        | CEPTANCE       |                      |   |  |  |  |  |  |
| I confirm that I have verifi<br>and the conditions of this  |                                    |                    |                     |                |                      | o carry out the work as defined above<br>rk.  |  |  |  |  |  |
| Permit Acceptor:  |                                    | Signature:         |                     | V              | alid From: Tim       | e: Date:  |  |  |  |  |  |
| Company:  |                                    | Permit Issuer:     |                     | V              | alid To: Tim         | Date:   |  |  |  |  |  |
|   | HANDBACK, RECEIPT AND CANCELLATION |                    |                     |                |                      |   |  |  |  |  |  |
| I confirm that the activity   | has been completed, ch             |                    |                     |                |                      |   |  |  |  |  |  |
| Permit Acceptor:  |                                    | Się                | gnature:            |                | Tim                  | e: Date:  |  |  |  |  |  |
| I acknowledge receipt of in charge has left the area  |                                    |                    |                     | satisfied that | the activity has bee | AL DEVELOPMENT  en completed in accordance with this n a safe and tidy condition.   |  |  |  |  |  |
| J   | Time:                              | Date:              |                     |                | Tim                  | ,   |  |  |  |  |  |

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| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector l    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
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| Contractor:  |                            |                                   |  | Permit Ac                            | ceptor:                               |                               |                    |                         |                |                                      | will be/h  | y detectors<br>ave been*   |
|--|----------------------------|-----------------------------------|--|--------------------------------------|---------------------------------------|-------------------------------|--------------------|-------------------------|----------------|--------------------------------------|--|--|
| Building:  |                            |                                   |  | Floor Nun                            | nber:                                 |                               |                    |                         |                |                                      |  | l? (delete as opriate).  |
| Corridor:  |                            |                                   |  | Room Nui                             | mber(s):                              |                               |                    |                         |                |                                      |  |  |
| Job Details (includii<br>reason for need to i<br>smoke/heat detecto  | solate                     |                                   |  |                                      |                                       |                               |                    |                         |                | ND. Th                               | ne Managemen   | e of Hoolth and  |
| Has a suitable and s<br>requiring this permi   |                            | isk assessm                       | ent been ui                                  | ndertake                             | en for the t                          | task                          | 'ES                | Ol                      | NO             | Safety<br>amen<br>five or<br>signifi | at Work Regulated) require the more employed cant findings o | ations 1999 (as<br>at organisations wi<br>es record the<br>fassessments and    |
| Has a method state   | ment beer                  | n undertake                       | en for this to                               | ask?                                 |                                       | (C)                           | 'ES                | O                       | NO             | assess<br>must<br>Devel              | be submitted to<br>opment Depart                             | hily at risk. Risk<br>hod statements<br>Estates & Capital<br>ment in advance o |
|  |                            |                                   |  | PRI                                  | ECAUTIO                               | NS                            |                    |                         |                | works                                | commencing.  |  |
| Smoke/Heat detector<br>minutes after work ha   |                            |                                   | by the Unive                                 | ersity on tl                         | he strict un                          | derstandin                    | g that i           | <b>ALL</b> cover        | s are re       | moved                                | no soonei  | than 15  |
| Where dust, fume or s  | moke has k                 | oeen severe,                      | the contract                                 | or <b>MUST</b>                       | notify Secu                           | ırity on <u>012</u>           | 1 204 4            | 803 <b>PRIO</b>         | <b>R</b> to re | moving                               | any cover  | S.   |
| This permit is only va-<br>end of the working da<br>COVERED overnight U<br>By signing the authori<br>being removed in acco | y. At that ti<br>JNLESS wo | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belo | ust be ret<br>uring tha<br>w, the Co | turned to E<br>t time.<br>ntractor is | states or Se<br>agreeing th   | curity.<br>at shou | Smoke/H<br>uld a fire f | eat deto       | ector he                             | eads <b>MUS</b><br>eed due to                                | <b>NOT</b> remai   |
| What measures are in pl.<br>control dust, fume and v   |                            |                                   |  |                                      |                                       |                               |                    |                         |                |                                      |  |  |
|  |                            |                                   |  |                                      | ENCY CON                              | NTACTS<br>with the w          | ork)               |                         |                |                                      |  |  |
| Name:  |                            |                                   | Position                                     | :                                    |                                       |                               |                    | Conta                   | act:           |                                      |  |  |
|  |                            |                                   | AUTH   | ORISATI                              | ON AND                                | ACCEPTA                       | NCE                |                         |                |                                      |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                            |                                   |  |                                      |                                       |                               |                    |                         |                | arry out t                           | he work as   | defined above  |
| Permit Acceptor:   |                            |                                   | Signature:                                   |                                      |                                       |                               | Vali               | d From:                 | Time:          |                                      | Date   | :  |
| Company:   |                            |                                   | Permit Issuer                                | :                                    |                                       |                               | Vali               | d To:                   | Time:          |                                      | Date   | :  |
|  |                            |                                   | HANDBA                                       | CK, REC                              | EIPT AND                              | CANCELL                       | ATIO               | N .                     |                |                                      |  |  |
| l confirm that the activity  | has been co                | ompleted, che                     | cked by mysel                                | f and the a                          | area left secu                        | ire and in a s                | afe and            | tidy condit             | ion.           |                                      |  |  |
| Permit Acceptor:   |                            |                                   |  | Signatu                              | ure:                                  |                               |                    |                         | Time:          |                                      | Date   | :  |
|  | SECI                       | <u>URITY</u>                      |  |                                      |                                       |                               | <b>ESTA</b>        | TES & CA                | APITAL         | DEVE                                 | LOPMEN   | IT   |
| I acknowledge receipt of<br>in charge has left the are   |                            |                                   |  |                                      |                                       | am satisfied<br>permit and th |                    |                         |                |                                      |  | dance with thi<br>ion.   |
|  | Tim                        | e:                                | Date:  |                                      | 1                                     |                               |                    |                         | Time:          |                                      | Date   | :  |

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| Contractor:  |                            |                                   |  | Permit Ac                            | ceptor:                               |                               |                    |                         |                |                                      | will be/h  | y detectors<br>ave been*   |
|--|----------------------------|-----------------------------------|--|--------------------------------------|---------------------------------------|-------------------------------|--------------------|-------------------------|----------------|--------------------------------------|--|--|
| Building:  |                            |                                   |  | Floor Nun                            | nber:                                 |                               |                    |                         |                |                                      |  | l? (delete as opriate).  |
| Corridor:  |                            |                                   |  | Room Nui                             | mber(s):                              |                               |                    |                         |                |                                      |  |  |
| Job Details (includii<br>reason for need to i<br>smoke/heat detecto  | solate                     |                                   |  |                                      |                                       |                               |                    |                         |                | ND. Th                               | ne Managemen   | e of Hoolth and  |
| Has a suitable and s<br>requiring this permi   |                            | isk assessm                       | ent been ui                                  | ndertake                             | en for the t                          | task                          | 'ES                | Ol                      | NO             | Safety<br>amen<br>five or<br>signifi | at Work Regulated) require the more employed cant findings o | ations 1999 (as<br>at organisations wi<br>es record the<br>fassessments and    |
| Has a method state   | ment beer                  | n undertake                       | en for this to                               | ask?                                 |                                       | (C)                           | 'ES                | O                       | NO             | assess<br>must<br>Devel              | be submitted to<br>opment Depart                             | hily at risk. Risk<br>hod statements<br>Estates & Capital<br>ment in advance o |
|  |                            |                                   |  | PRI                                  | ECAUTIO                               | NS                            |                    |                         |                | works                                | commencing.  |  |
| Smoke/Heat detector<br>minutes after work ha   |                            |                                   | by the Unive                                 | ersity on tl                         | he strict un                          | derstandin                    | g that i           | <b>ALL</b> cover        | s are re       | moved                                | no soonei  | than 15  |
| Where dust, fume or s  | moke has k                 | oeen severe,                      | the contract                                 | or <b>MUST</b>                       | notify Secu                           | ırity on <u>012</u>           | 1 204 4            | 803 <b>PRIO</b>         | <b>R</b> to re | moving                               | any cover  | S.   |
| This permit is only va-<br>end of the working da<br>COVERED overnight U<br>By signing the authori<br>being removed in acco | y. At that ti<br>JNLESS wo | ime, <b>ALL</b> covork is being u | ers issued m<br>Indertaken d<br>section belo | ust be ret<br>uring tha<br>w, the Co | turned to E<br>t time.<br>ntractor is | states or Se<br>agreeing th   | curity.<br>at shou | Smoke/H<br>uld a fire f | eat deto       | ector he                             | eads <b>MUS</b><br>eed due to                                | <b>NOT</b> remai   |
| What measures are in pl.<br>control dust, fume and v   |                            |                                   |  |                                      |                                       |                               |                    |                         |                |                                      |  |  |
|  |                            |                                   |  |                                      | ENCY CON                              | NTACTS<br>with the w          | ork)               |                         |                |                                      |  |  |
| Name:  |                            |                                   | Position                                     | :                                    |                                       |                               |                    | Conta                   | act:           |                                      |  |  |
|  |                            |                                   | AUTH   | ORISATI                              | ON AND                                | ACCEPTA                       | NCE                |                         |                |                                      |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                            |                                   |  |                                      |                                       |                               |                    |                         |                | arry out t                           | he work as   | defined above  |
| Permit Acceptor:   |                            |                                   | Signature:                                   |                                      |                                       |                               | Vali               | d From:                 | Time:          |                                      | Date   | :  |
| Company:   |                            |                                   | Permit Issuer                                | :                                    |                                       |                               | Vali               | d To:                   | Time:          |                                      | Date   | :  |
|  |                            |                                   | HANDBA                                       | CK, REC                              | EIPT AND                              | CANCELL                       | ATIO               | N .                     |                |                                      |  |  |
| l confirm that the activity  | has been co                | ompleted, che                     | cked by mysel                                | f and the a                          | area left secu                        | ire and in a s                | afe and            | tidy condit             | ion.           |                                      |  |  |
| Permit Acceptor:   |                            |                                   |  | Signatu                              | ure:                                  |                               |                    |                         | Time:          |                                      | Date   | :  |
|  | SECI                       | <u>URITY</u>                      |  |                                      |                                       |                               | <b>ESTA</b>        | TES & CA                | APITAL         | DEVE                                 | LOPMEN   | IT   |
| I acknowledge receipt of<br>in charge has left the are   |                            |                                   |  |                                      |                                       | am satisfied<br>permit and th |                    |                         |                |                                      |  | dance with thi<br>ion.   |
|  | Tim                        | e:                                | Date:  |                                      | 1                                     |                               |                    |                         | Time:          |                                      | Date   | :  |

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|--|---|--|---|---|---|---|----------------|--|---------------------|------------------------------------|--|---|
| Contractor:  |   |  |   | Permit Acc  | ceptor:   |   |                |  |                     |                                    | will be/h  | ny detectors<br>nave been*  |
| Building:  |   |  |   | Floor Num   | nber:   |   |                |  |                     |                                    |  | d? (delete as opriate).   |
| Corridor:  |   |  |   | Room Nur  | mber(s):  |   |                |  |                     |                                    |  |   |
| Job Details (includir<br>reason for need to is<br>smoke/heat detecto   | solate  |  |   |   |   |   |                |  |                     |                                    |  |   |
| Has a suitable and surequiring this permi  |   | isk assessm  | ient been ui  | ndertake  | n for the t   | ask 0   | /ES            | 0  | NO                  | Safety<br>amen<br>five o<br>signif | oat Work Regul<br>ded) require the<br>r more employ-<br>icant findings c | f assessments and   |
| Has a method stater  | nent beer   | า undertak   | en for this to  | ask?  |   | 0)  | /ES            | 0  | NO                  | asses:<br>must                     | ments and me<br>be submitted t   | ally at risk. Risk<br>thod statements<br>o Estates & Capital<br>tment in advance of |
|  |   |  |   | DRF   | CAUTIO  | VS.   |                |  |                     | works                              | commencing.  |   |
| Where dust, fume or significant of the working day COVERED overnight USBy signing the authorist being removed in account of the working day what measures are in placed on the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working dust, fume and was a significant of the working day and was a significant of the wore | Ilid for one<br>y. At that ti<br>INLESS wo<br>sation and<br>ordance wir | e 24hr perio<br>ime, ALL cov<br>ork is being u<br>acceptance | ed and it is a devers issued mundertaken describen belowing in the section belowion form, the | condition<br>ust be ret<br>uring that<br>w, the Cor<br>contractor | of issue th<br>urned to E<br>t time.<br>ntractor is a<br>or will be h | at the perso<br>states or Se<br>agreeing th<br>eld liable f | on in cecurity | :harge ens<br>. Smoke/H<br>ould a fire f | ures the<br>eat det | e removector he                    | ral of <b>ALL</b> eads <b>MUS</b>  | covers at the <b>F NOT</b> remain a cover not                                       |
| Name:  |   |  | Position  | :   |   |   |                | Cont                                     | act:                |                                    |  |   |
|  |   |  | AUTH  | ORISATI   | ON AND  | ACCEPTA   | NCE            | <u> </u>                                 |                     |                                    |  |   |
| I confirm that I have verifi<br>and the conditions of this   |   |  | n and ensured   | that the ne   | cessary pred  | autions hav   | e been         |  |                     | arry out                           | the work as  | defined above   |
| Permit Acceptor:   |   | on form have   | Signature:  | ed to all wol   | TREES HIVOIVE   |   |                | lid From:                                | Time:               |                                    | Date   | ::  |
| Company:   |   |  | Permit Issuer   | :   |   |   | Va             | lid To:                                  | Time:               |                                    | Date   | ::  |
|  |   |  | HANDBA  | CK. RFC   | FIPT AND  | CANCELI   | ATIC           | )N                                       |                     |                                    |  |   |
| I confirm that the activity  | has been co   | ompleted, che  |   |   |   |   |                |  | ion.                |                                    |  |   |
| Permit Acceptor:   |   |  |   | Signatu   | ıre:  |   |                |  | Time:               |                                    | Date   | ::  |
|  |   | <u>JRITY</u>   |   |   |   |   |                | ATES & CA                                |                     |                                    |  |   |
| l acknowledge receipt of<br>in charge has left the area  |   |  |   |   |   | am satisfied<br>ermit and tl                                |                |  |                     |                                    |  | dance with this<br>ion.   |
|  | Time  | e:   | Date:   |   |   |   |                |  | Time:               |                                    | Date   | :   |

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|--|------------------------|------------------------------|-------------------------------|----------------------|--------------------|----------|--|--|--|
| Contractor:  |                        | Permit .                     | Acceptor:                     |                      |                    |          | How many detectors will be/have been*  |  |  |
| Building:  |                        | Floor N                      | umber:                        |                      |                    |          | covered? (delete as appropriate).  |  |  |
| Corridor:  |                        | Room N                       | lumber(s):                    |                      |                    |          |  |  |  |
| Job Details (includir<br>reason for need to i<br>smoke/heat detecto  | solate                 |                              |                               |                      |                    |          | NB: The Management of Health and   |  |  |
| Has a suitable and s<br>requiring this permi   |                        | nent been underta            | ken for the tasl              | YES                  | ON                 | 10       | Safety at Work Regulations 1999 (as<br>amended) require that organisations with<br>five or more employees record the<br>significant findings of assessments and<br>identify those especially at risk. Risk |  |  |
| Has a method stater  | ment been undertal     | ken for this task?           |                               | ○ YES                | $\bigcirc$ $N$     | 10       | assessments and method statements<br>must be submitted to Estates & Capital<br>Development Department in advance of  |  |  |
|  |                        | P                            | RECAUTIONS                    |                      |                    |          | works commencing.  |  |  |
| Smoke/Heat detector<br>minutes after work ha   |                        | d by the University or       | the strict under              | rstanding that       | <b>ALL</b> covers  | are remo | oved no sooner than 15   |  |  |
| Where dust, fume or s  | moke has been severe   | e, the contractor <b>MUS</b> | <b>T</b> notify Security      | on <u>0121 204</u> 4 | 4803 <b>PRIO</b> I | to remo  | ving 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 pla<br>control dust, fume and v   |                        |                              |                               |                      |                    |          |  |  |  |
|  |                        |                              | GENCY CONT/<br>connected witl |                      |                    |          |  |  |  |
| Name:  |                        | Position:                    |                               |                      | Conta              | ct:      |  |  |  |
|  |                        |                              | TION AND AC                   |                      |                    |          |  |  |  |
| I confirm that I have verif<br>and the conditions of thi   |                        |                              |                               |                      |                    |          | out the work as defined above  |  |  |
| Permit Acceptor:   |                        | Signature:                   |                               | Val                  | id From:           | Time:    | Date:  |  |  |
| Company:   |                        | Permit Issuer:               |                               | Val                  | id To:             | Time:    | Date:  |  |  |
|  |                        | HANDBACK, RE                 | CEIPT AND C                   | ANCELLATIO           | N                  |          |  |  |  |
| I confirm that the activity  | has been completed, ch | necked by myself and the     | e area left secure a          | and in a safe and    | tidy condition     | on.      |  |  |  |
| Permit Acceptor:   |                        | Sign                         | ature:                        |                      |                    | Time:    | Date:  |  |  |
|  | <u>SECURITY</u>        |                              |                               | ESTA                 | TES & CA           | PITAL D  | EVELOPMENT   |  |  |
| I acknowledge receipt of<br>in charge has left the are   |                        |                              |                               |                      |                    |          | npleted in accordance with this e and tidy condition.  |  |  |
|  | Time:                  | Date:                        |                               |                      |                    | Time:    | Date:  |  |  |

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|--|--|--|--|--|---|---|--------------------------------------|---|----------------------------------|-----------------------------|---|---|
| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector l    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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|---|---------------|---------------------|--------------|----------------|--------------|---------------------|-------|----------------------------|-----------------|---|---|--|
| Contractor:   |               |                     |              | Permit Ac      | ceptor:      |                     |       |                            |                 |   | will be/ha  | detectors<br>ve been*  |
| Building:   |               |                     |              | Floor Nun      | nber:        |                     |       |                            |                 |   | covered?  |  |
| Corridor:   |               |                     |              | Room Nui       | mber(s):     |                     |       |                            |                 |   |   |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto    | olate         |                     |              |                |              |                     |       |                            |                 |   |   |  |
| Has a suitable and su<br>requiring this permit                          |               | sk assessme         | ent been u   | ndertake       | en for the t | task                | YES   | 0                          | NO              | Safety a<br>amend<br>five or r<br>significa | more employee                                       | ons 1999 (as<br>organisations with<br>s record the<br>ssessments and |
| Has a method staten   | nent been     | undertakei          | n for this t | ask?           |              | O,                  | YES   | 0                          | NO              | assessn<br>must be<br>Develo                | nents and meth<br>e submitted to E<br>pment Departm |  |
|   |               |                     |              | PRI            | ECAUTIO      | NS                  |       |                            |                 | works c                                     | commencing.   |  |
| Smoke/Heat detector h<br>minutes after work has                         |               |                     | by the Unive |                |              |                     | ng th | nat <b>ALL</b> cove        | rs are re       | emoved r                                    | no sooner 1   | han 15   |
| Where dust, fume or sr  | noke has b    | een severe, t       | he contract  | or <b>MUST</b> | notify Secu  | ırity on <u>012</u> | 21 20 | <u>04 4803</u> <b>PRIC</b> | <b>OR</b> to re | moving                                      | any covers  |  |
| This permit is only va<br>end of the working day<br>COVERED overnight U | /. At that ti | me, <b>ALL</b> cove | ers issued m | ust be ret     | turned to E  |                     |       |                            |                 |   |   |  |
| By signing the authoris<br>being removed in acco                        |               |                     |              |                |              |                     |       |                            |                 |   |   |  |
| What measures are in pla<br>control dust, fume and va                   |               |                     |              |                |              |                     |       |                            |                 |   |   |  |
|   |               |                     |              |                | NCY CON      |                     | ork/  | :)                         |                 |   |   |  |
| Name:   |               |                     | Position     |                |              |                     |       | Cont                       | act:            |   |   |  |
|   |               |                     | AUTH         | ORISATI        | ON AND       | ACCEPTA             | NC    | E                          |                 |   |   |  |
| I confirm that I have verifi<br>and the conditions of this              |               |                     |              |                |              |                     |       |                            |                 |   | ne work as d  | efined above   |
| Permit Acceptor:  |               |                     | Signature:   |                |              |                     | \     | Valid From:                | Time:           |   | Date:   |  |
| Company:  |               |                     | Permit Issue | r:             |              |                     |       | Valid To:                  | Time:           |   | Date:   |  |
|   |               |                     | HANDBA       | CK, REC        | EIPT AND     | CANCEL              | LAT   | TION                       |                 |   |   |  |
| I confirm that the activity   | has been co   | mpleted, chec       |              |                |              |                     |       |                            | tion.           |   |   |  |
| Permit Acceptor:  |               |                     |              | Signatu        | ure:         |                     |       |                            | Time:           |   | Date:   |  |
|   | SECU          | <u>JRITY</u>        |              |                |              |                     | ES    | TATES & C                  | APITA           | L DEVE                                      | LOPMENT   |  |
| I acknowledge receipt of in charge has left the area                    |               |                     |              |                |              |                     |       | t the activity h           |                 |   |   |  |
|   | Time          | 2.                  | Date:        |                | 1            |                     |       |                            | Time:           |   | Date:   |  |

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| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector l    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
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| Contractor:  |  |  |  | Permit Ac  | cceptor:  |   |                                      |   |                                  |                             | will be/  | ny detectors<br>have been*  |
| Building:  |  |  |  | Floor Nur  | mber:   |   |                                      |   |                                  |                             |   | d? (delete as ropriate).  |
| Corridor:  |  |  |  | Room Nu  | ımber(s):   |   |                                      |   |                                  |                             |   |   |
| Job Details (includ<br>reason for need to<br>smoke/heat detect   | isolate  |  |  |  |   |   |                                      |   |                                  | NIP                         | The Manageme  | nt of Health and  |
| Has a suitable and requiring this perm   |  | sk assessm   | ent been ui  | ndertake   | en for the  | task  | YES                                  | OI                                      | NO                               | Safe<br>ame<br>five<br>sign | ety at Work Reguended) require to<br>or more employ<br>or ficant findings | lations 1999 (as<br>hat organisations wi<br>rees record the<br>of assessments and       |
| Has a method state   | ment been  | undertake  | en for this ta   | ısk?   |   | O,  | YES                                  | $\bigcirc$ I                            | NO                               | asse<br>mus<br>Dev          | essments and most<br>st be submitted<br>relopment Depa                    | cially at risk. Risk<br>ethod statements<br>to Estates & Capital<br>rtment in advance c |
|  |  |  |  | PR   | ECAUTIO   | NS  |                                      |   |                                  | wor                         | ks commencing   | ,   |
| Smoke/Heat detector minutes after work has where dust, fume or This permit is only wend of the working d COVERED overnight  By signing the author being removed in accordance. | as completed<br>smoke has be<br>valid for one<br>ay. At that tir<br>UNLESS wor<br>risation and a | d.  een severe,  24hr perio me, ALL cov rk is being u  acceptance: | the contractors of and it is a contract of the | or <b>MUST</b><br>condition<br>ust be re<br>uring tha<br>w, the Co | notify Secunial of issue the turned to East time. | urity on <u>012</u><br>at the pers<br>states or Se<br>agreeing th | 21 204 48<br>on in cha<br>ecurity. S | 303 <b>PRIO</b><br>arge ensu<br>moke/Ho | <b>R</b> to rerures the eat dete | movin<br>remc<br>ector l    | g any cove<br>oval of <b>ALL</b><br>neads <b>MUS</b><br>cted due to       | covers at the IT NOT remain   |
| What measures are in p<br>control dust, fume and   |  |  |  |  |   |   |                                      |   |                                  |                             |   |   |
|  |  |  |  |  | ENCY COI<br>onnected v                            |   | ork)                                 |   |                                  |                             |   |   |
| Name:  |  |  | Position   | :  |   |   |                                      | Conta                                   | nct:                             |                             |   |   |
|  |  |  | AUTH   | ORISAT   | ION AND   | ACCEPTA   | NCE                                  |   |                                  |                             |   |   |
| I confirm that I have ver<br>and the conditions of th  |  |  |  |  |   |   |                                      |   |                                  | rry ou                      | t the work a  | defined above   |
| Permit Acceptor:   |  |  | Signature:   |  |   |   | Valid                                | l From:                                 | Time:                            |                             | Dat   | e:  |
| Company:   |  |  | Permit Issuer  | :  |   |   | Valid                                | l To:                                   | Time:                            |                             | Dat   | e:  |
|  |  |  | HANDBA   | CK, REC  | EIPT AND  | CANCEL  | LATION                               | <u></u>                                 |                                  |                             |   |   |
| I confirm that the activit   | y has been co  | mpleted, che   | cked by mysel  | f and the a  | area left secu                                    | ire and in a s  | safe and ti                          | dy condit                               | ion.                             |                             |   |   |
| Permit Acceptor:   |  |  |  | Signat   | ure:  |   |                                      |   | Time:                            |                             | Dat   |   |
| Lacknowledge   | SECU   |  | ormod that the   | norce:   |   | lam satisfic  |                                      |   |                                  |                             | ELOPME  |   |
| I acknowledge receipt of in charge has left the ar   |  |  |  |  |   | permit and t  |                                      |   |                                  |                             |   | rdance with this<br>ition.  |
|  | Time   | 2:   | Date:  |  |   |   |                                      |   | Time:                            |                             | Dat   | e:  |

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|--|---|-------------------|----------------|---------------|-------------|----------|------|------------|--------|-----------------------------|--|--|
| Contractor:  |   |                   |                | Permit Ac     | ceptor:     |          |      |            |        |                             | will be/h  | y detectors<br>ave been*   |
| Building:  |   |                   |                | Floor Nun     | nber:       |          |      |            |        |                             |  | l? (delete as opriate).  |
| Corridor:  |   |                   |                | Room Nu       | mber(s):    |          |      |            |        |                             |  |  |
| Job Details (including reason for need to is smoke/heat detectors)   | solate  |                   |                |               |             |          |      |            |        |                             |  |  |
| Has a suitable and su<br>requiring this permit   |   | isk assessm       | nent been u    | ndertake      | n for the t | ask O    | /ES  | OI         | NO     | Safe<br>ame<br>five<br>sign | or more employe  | ations 1999 (as<br>at organisations with<br>es record the<br>f assessments and |
| Has a method stater  | ment bee  | n undertak        | en for this t  | ask?          |             | 0)       | /ES  | OI         | NO     | asse<br>mus<br>Dev          | essments and met<br>st be submitted to<br>relopment Depart |  |
| works commencing.  PRECAUTIONS   |   |                   |                |               |             |          |      |            |        |                             |  |  |
| Smoke/Heat detector head covers are issued by the University on the strict understanding that <b>ALL</b> covers are removed no sooner than 15 minutes after work has completed.  Where dust, fume or smoke has been severe, the contractor <b>MUST</b> notify Security on <u>0121 204 4803</u> <b>PRIOR</b> 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 <b>ALL</b> covers at the end of the working day. At that time, <b>ALL</b> covers issued must be returned to Estates or Security. Smoke/Heat detector heads <b>MUST NOT</b> remain <b>COVERED</b> overnight <b>UNLESS</b> 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 pla<br>control dust, fume and v   |   |                   |                |               |             |          |      |            |        |                             |  |  |
|  |   |                   |                |               | ENCY CON    |          | ork) |            |        |                             |  |  |
| Name:  |   |                   | Position       | :             |             |          |      | Conta      | act:   |                             |  |  |
|  |   |                   | AUTH           | ORISATI       | ION AND A   | CCEPTA   | NCE  |            |        |                             |  |  |
| I confirm that I have verifi<br>and the conditions of this   |   |                   |                |               |             |          |      |            |        |                             | t the work as  | defined above  |
| Permit Acceptor:   |   |                   | Signature:     |               |             |          | V    | alid From: | Time:  |                             | Date   | :  |
| Company:   |   |                   | Permit Issue   | <i>"</i> :    |             |          | V    | alid To:   | Time:  |                             | Date   | :  |
|  |   |                   | <u>HANDB</u> A | CK, REC       | EIPT AND    | CANCELI  | LATI | <u>ON</u>  |        |                             |  |  |
| I confirm that the activity  | has been co   | ompleted, che     |                |               |             |          |      |            | ion.   |                             |  |  |
| Permit Acceptor:   |   |                   |                | Signatu       | ure:        |          |      |            | Time:  |                             | Date   | :  |
|  | SEC   | <u>URITY</u>      |                |               |             |          | ES1  | ATES & CA  | APITAI | DEV                         | ELOPMEN  | IT   |
| I acknowledge receipt of in charge has left the area   | lge receipt of this form having been informed that the person as left the area secure and in a safe and tidy condition. |                   |                |               |             |          |      |            |        |                             |  |  |
|  | Tim   | Fime: Date: Time: |                |               |             |          |      |            |        |                             | Date   |  |

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| Contractor:  |   |   | Permit A  | cceptor:                                     |  |                                       |                                    |                     |                             | will be/h   | detectors<br>ave been*  |  |
| Building:  |   |   | Floor Nu  | mber:  |  |                                       |                                    |                     |                             |   | ? (delete as priate).   |  |
| Corridor:  |   |   | Room Nu   | ımber(s):                                    |  |                                       |                                    |                     |                             |   |   |  |
| Job Details (includ<br>reason for need to<br>smoke/heat detec  | isolate   |   |   |  |  |                                       |                                    |                     | ND.                         | The Management  | of Hoalth and   |  |
| Has a suitable and requiring this perm   |   | ssessment b                             | oeen undertak                                       | en for the t                                 | ask O Y  | ES                                    | $\bigcirc$ I                       | 10                  | Safe<br>ame<br>five<br>sign | ty at Work Regula<br>nded) require tha<br>or more employed<br>ificant findings of | cions 1999 (as<br>corganisations wit<br>s record the<br>assessments and |  |
| Has a method state   | ment been un  | dertaken fo                             | r this task?  |  | ○ Y  | ES                                    | $\bigcirc$ N                       | 10                  | asse<br>mus<br>Dev          |   | od statements   |  |
|  |   |   | PR  | ECAUTION                                     | ıs   |                                       |                                    |                     | worl                        | ks commencing.  |   |  |
| minutes after work h Where dust, fume or This permit is only v end of the working d COVERED overnight By signing the autho being removed in acc What measures are in p control dust, fume and  | ralid for one 24h<br>ay. At that time, a<br>UNLESS work is<br>risation and acce<br>cordance with th | nr period and ALL covers is being under | d it is a condition sued must be retaken during the | n of issue that<br>eturned to Es<br>at time. | at the person<br>states or Sec<br>agreeing tha | on in chai<br>curity. Sr<br>at should | rge ensu<br>noke/He<br>I a fire fa | res the<br>eat dete | remo<br>ector h             | val of <b>ALL</b> cleads <b>MUST</b>  | overs at the <b>NOT</b> remair  |  |
| control dast, fame and   | vapoui.   |   | EMERG<br>(Person not co                             | ENCY CON                                     |  | ork)                                  |                                    |                     |                             |   |   |  |
| Name:  |   | Pe                                      | osition:  |  |  |                                       | Contact:                           |                     |                             |   |   |  |
|  |   |   | AUTHORISAT  | ION AND A                                    | ACCEPTAI                                       | NCE                                   |                                    |                     |                             |   |   |  |
| I confirm that I have ver<br>and the conditions of th  |   |   |   |  |  |                                       |                                    |                     | rry out                     | the work as o   | lefined above   |  |
| Permit Acceptor:   |   | Signa                                   | ature:  |  |  | Valid                                 | From:                              | Time:               |                             | Date:   |   |  |
| Company:   |   | Perm                                    | nit Issuer:   |  |  | Valid                                 | To:                                | Time:               |                             | Date  |   |  |
|  |   | НА                                      | NDBACK, REC   | EIPT AND                                     | CANCELL  | ATION                                 |                                    |                     |                             | ·   |   |  |
| l confirm that the activi  | y has been comple   | eted, checked l                         | oy myself and the                                   | area left secu                               | re and in a sa                                 | fe and tid                            | y conditi                          | on.                 |                             |   |   |  |
| Permit Acceptor:   |   |   | Signat  | ture:  |  |                                       |                                    | Time:               |                             | Date  |   |  |
| La almanda de a marach   | SECURIT   |   | l that that are                                     |  |  |                                       |                                    |                     |                             | ELOPMEN   |   |  |
| I acknowledge receipt of the area of the a |   |   |   |  |  |                                       |                                    |                     |                             | d tidy conditi  | ance with this  |  |
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| Contractor:  |   |   | Permit A  | cceptor:                                     |  |                                       |                                    |                     |                             | will be/h   | detectors<br>ave been*  |  |
| Building:  |   |   | Floor Nu  | mber:  |  |                                       |                                    |                     |                             |   | ? (delete as priate).   |  |
| Corridor:  |   |   | Room Nu   | ımber(s):                                    |  |                                       |                                    |                     |                             |   |   |  |
| Job Details (includ<br>reason for need to<br>smoke/heat detec  | isolate   |   |   |  |  |                                       |                                    |                     | ND.                         | The Management  | of Hoalth and   |  |
| Has a suitable and requiring this perm   |   | ssessment b                             | oeen undertak                                       | en for the t                                 | ask O Y  | ES                                    | $\bigcirc$ I                       | 10                  | Safe<br>ame<br>five<br>sign | ty at Work Regula<br>nded) require tha<br>or more employed<br>ificant findings of | cions 1999 (as<br>corganisations wit<br>s record the<br>assessments and |  |
| Has a method state   | ment been un  | dertaken fo                             | r this task?  |  | ○ Y  | ES                                    | $\bigcirc$ N                       | 10                  | asse<br>mus<br>Dev          |   | od statements   |  |
|  |   |   | PR  | ECAUTION                                     | ıs   |                                       |                                    |                     | worl                        | ks commencing.  |   |  |
| minutes after work h Where dust, fume or This permit is only v end of the working d COVERED overnight By signing the autho being removed in acc What measures are in p control dust, fume and  | ralid for one 24h<br>ay. At that time, a<br>UNLESS work is<br>risation and acce<br>cordance with th | nr period and ALL covers is being under | d it is a condition sued must be retaken during the | n of issue that<br>eturned to Es<br>at time. | at the person<br>states or Sec<br>agreeing tha | on in chai<br>curity. Sr<br>at should | rge ensu<br>noke/He<br>I a fire fa | res the<br>eat dete | remo<br>ector h             | val of <b>ALL</b> cleads <b>MUST</b>  | overs at the <b>NOT</b> remair  |  |
| control dast, fame and   | vapoui.   |   | EMERG<br>(Person not co                             | ENCY CON                                     |  | ork)                                  |                                    |                     |                             |   |   |  |
| Name:  |   | Pe                                      | osition:  |  |  |                                       | Contact:                           |                     |                             |   |   |  |
|  |   |   | AUTHORISAT  | ION AND A                                    | ACCEPTAI                                       | NCE                                   |                                    |                     |                             |   |   |  |
| I confirm that I have ver<br>and the conditions of th  |   |   |   |  |  |                                       |                                    |                     | rry out                     | the work as o   | lefined above   |  |
| Permit Acceptor:   |   | Signa                                   | ature:  |  |  | Valid                                 | From:                              | Time:               |                             | Date:   |   |  |
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|  |   | НА                                      | NDBACK, REC   | EIPT AND                                     | CANCELL  | ATION                                 |                                    |                     |                             | ·   |   |  |
| l confirm that the activi  | y has been comple   | eted, checked l                         | oy myself and the                                   | area left secu                               | re and in a sa                                 | fe and tid                            | y conditi                          | on.                 |                             |   |   |  |
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| La almanda de a marach   | SECURIT   |   | l that that are                                     |  |  |                                       |                                    |                     |                             | ELOPMEN   |   |  |
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| Contractor:  |  | Permit Acc  | ceptor:                    |                 |                                      | How many detectors will be/have been*   |
|--|--|---|----------------------------|-----------------|--------------------------------------|---|
| Building:  |  | Floor Num   | nber:                      |                 |                                      | covered? (delete as appropriate).   |
| Corridor:  |  | Room Nur  | mber(s):                   |                 |                                      |   |
| Job Details (includi<br>reason for need to i<br>smoke/heat detecto             | solate   |   |                            |                 |                                      | NB: The Management of Health and  |
| Has a suitable and s<br>requiring this permi                                   |  | nent been undertake   | n for the task             | YES             | ONO                                  | Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and                  |
| Has a method state   | ment been undertak   | en for this task?   |                            | YES             | ○ NO                                 | identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing. |
|  |  | PRI   | ECAUTIONS                  |                 |                                      | works commencing.   |
| minutes after work ha  | s completed.   | by the University on the the contractor <b>MUST</b>                           |                            |                 |                                      | emoved no sooner than 15<br>moving any covers.  |
| end of the working da <b>COVERED</b> overnight <b>U</b> By signing the authori | y. At that time, <b>ALL</b> cor<br><b>JNLESS</b> work is being to<br>sation and acceptance | vers issued must be ret<br>undertaken during that<br>e section below, the Cou | turned to Estates of time. | or Security. Sr | noke/Heat det<br>d a fire fail to be | e removal of <b>ALL</b> covers at the ector heads <b>MUST NOT</b> remain e detected due to a cover not mage sustained as a result.                                      |
| What measures are in pl<br>control dust, fume and v                            |  |   |                            |                 |                                      |   |
|  |  |   | ENCY CONTACT               |                 |                                      |   |
| Name:  |  | Position:   |                            |                 | Contact:                             |   |
|  |  | AUTHORISATI   | ON AND ACCE                | PTANCE          |                                      |   |
|  |  | n and ensured that the ne<br>been explained to all wo                         |                            |                 |                                      | arry out the work as defined above  |
| Permit Acceptor:   |  | Signature:  |                            | Valid           | From: Time:                          | Date:   |
| Company:   |  | Permit Issuer:  |                            | Valid           | To: Time:                            | Date:   |
|  |  | HANDBACK, RECI  | FIDT AND CAN               | TELL ATION      |                                      |   |
| I confirm that the activity  | has been completed, che  | ecked by myself and the a   |                            |                 | ly condition.                        |   |
| Permit Acceptor:   |  | Signatu   | ure:                       |                 | Time:                                | Date:   |
|  | SECURITY   |   |                            | ESTATI          | ES & CAPITAI                         | L DEVELOPMENT   |
|  | this form having been int<br>a secure and in a safe and                                    |   |                            |                 |                                      | completed in accordance with this safe and tidy condition.  |
|  | Time:  | Date:   |                            |                 | Time:                                | Date:   |

| Top Copy: Permit Issue   | Middle Copy   | : Security Bottom | Copy: Permit Accepto         |
|--------------------------|---------------|-------------------|------------------------------|
| iop copy in crimic issue | , middle copy | . Jecuity, Docton | · Copy • i Cilling / iccopto |



REF:

| Aston University  |                |                                   | <u>15</u>                       | <u>OLA II</u>  | <u> </u>      | VIVI                       |                         |                |                |   |   |                            |  |  |
|---|----------------|-----------------------------------|---------------------------------|----------------|---------------|----------------------------|-------------------------|----------------|----------------|---|---|----------------------------|--|--|
| Contractor:   |                |                                   |                                 | Permit Ac      | ceptor:       |                            |                         |                |                |   | will be/  | ny detectors<br>nave been* |  |  |
| Building:   |                |                                   |                                 | Floor Nun      | nber:         |                            |                         |                |                |   |   | d? (delete as<br>opriate). |  |  |
| Corridor:   |                |                                   |                                 | Room Nu        | mber(s):      |                            |                         |                |                |   |   |                            |  |  |
| Job Details (includin<br>reason for need to is<br>smoke/heat detecto    | solate         |                                   |                                 |                |               |                            |                         |                |                |   |   |                            |  |  |
| Has a suitable and su<br>requiring this permit                          |                | isk assessm                       | ent been u                      | ndertake       | en for the ta | nsk Y                      | ΞS                      | <u> </u>       | NO             | Safe<br>ame<br>five<br>sign   | 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 |                            |  |  |
| Has a method staten   | nent bee       | n undertak                        | en for this t                   | ask?           |               | ○ YE                       | ES                      | $\bigcirc$ l   | NO             | assessments and method statements must be submitted to Estates & Capital Development Department in advance of |   |                            |  |  |
|   |                |                                   |                                 | PR             | ECAUTION      | S                          |                         |                |                | WOII  | ks commencing   |                            |  |  |
| Smoke/Heat detector h<br>minutes after work has                         | complete       | ed.                               |                                 | ersity on t    | he strict und | lerstanding                |                         |                |                |   |   |                            |  |  |
| Where dust, fume or sr  | noke has l     | oeen severe,                      | the contract                    | or <b>MUST</b> | notify Secur  | ity on <u>0121</u>         | 204 480                 | <u>03</u> PRIO | <b>R</b> to re | movin   | g any cove  | rs.                        |  |  |
| This permit is only va<br>end of the working day<br>COVERED overnight U | y. At that t   | ime, <b>ALL</b> cov               | ers issued m                    | nust be ret    | turned to Est |                            |                         |                |                |   |   |                            |  |  |
| By signing the authoris<br>being removed in acco                        |                |                                   |                                 |                |               |                            |                         |                |                |   |   |                            |  |  |
| What measures are in pla<br>control dust, fume and va                   |                |                                   |                                 |                |               |                            |                         |                |                |   |   |                            |  |  |
|   |                |                                   |                                 | EMEDO          | INCV CON      | TACTC                      |                         |                |                |   |   |                            |  |  |
|   |                |                                   | (Perso                          |                | nnected w     |                            | rk)                     |                |                |   |   |                            |  |  |
| Name:   |                |                                   | Position                        |                | - Interest II |                            |                         | Conta          | nct:           |   |   |                            |  |  |
|   |                |                                   | AUTH                            | ORISATI        | ION AND A     | CCEPTAN                    | ICF                     |                |                |   |   |                            |  |  |
| I confirm that I have verifi  | ed the abov    | ve information                    |                                 |                |               |                            |                         | en. It is s    | afe to ca      | arry out  | the work as   | defined above              |  |  |
| and the conditions of this  |                |                                   |                                 |                |               |                            |                         |                |                |   |   |                            |  |  |
| Permit Acceptor:  |                |                                   | Signature:                      |                |               |                            | Valid From: Time: Date: |                |                |   |   | e:                         |  |  |
| Company:  | Permit Issuer: |                                   |                                 |                |               | Valid To: Time: Date:      |                         |                |                |   |   |                            |  |  |
|   |                |                                   | HANDRA                          | CK REC         | EIPT AND      | CANCELL                    | ΔΤΙΩΝ                   |                |                |   |   |                            |  |  |
| I confirm that the activity   | has been co    | ompleted, che                     |                                 |                |               |                            |                         | ly conditi     | ion.           |   |   |                            |  |  |
| Permit Acceptor:  |                |                                   |                                 | Signati        | ure:          |                            |                         |                | Time:          |   | Dat   | e:                         |  |  |
|   | SECI           | <u>URITY</u>                      |                                 |                |               |                            | ESTATE                  | S & CA         | PITA           | L DEV   | ELOPMEI   | NT.                        |  |  |
| I acknowledge receipt of in charge has left the area                    | this form ha   | aving been inf<br>d in a safe and | ormed that th<br>tidy conditior | e person<br>n. |               | m satisfied termit and the |                         |                |                |   |   | dance with this<br>tion.   |  |  |
|   | Tim            | e:                                | Date:                           |                | 1             |                            |                         |                | Time:          |   | Dat   | ۵۰                         |  |  |