Top	Copy:	Permit	Issuer,	Middle	Copy	: Security	Bottom	Copy:	Permit.	Acceptor



Aston Unive	rsity		ROOF ACC									
Organisation:	BAS		Permit Acceptor:			1st Esc	ape Route	: NO	RTH STAIRC	ASE		
Building:	NORTH WING	G	Roof Access Point:	VIA NR03		2nd Es	cape Route	e: SO	UTH STAIRC	ASE VIA ROOF		
	The follo	wing persor	AL ns are authorised	JTHORISED PE		ct NW F	oof Keys	from	Security			
○ Gill Pilfo		John Pe		Steve Wood			d Evetts	11011	☐ John	Spittle		
										·		
○ Ben Star	nley	O John Do	owning	Paul Colema	n [Clive	McLeoc		○ Paul	Scanlon		
	RISE	(ASSESSMI	ENT AND SAFE (OPERATING PR	ROCEDURE				Safety at Work Re	ment of Health and egulations 1999 (as		
Has a suitable	e and sufficien	nt risk assess	ment been unde	ertaken for this	activity?	○ YES	0	NO	five or more emp	e that organisations woloyees record the gs of assessments and pecially at risk. Risk		
Has a Safe Op	erating Proce	edure (SOP) l	oeen developed	for this activity	?	○ YES	O	NO	must be submitte Development De	method statements ed to Estates & Capital epartment in advance		
works commencing. HAZARDS AND PRECAUTIONS												
Are all persons requiring roof access trained and competent?												
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable? O YES NO NO												
Are all persor	ns wearing ap	propriate clo	othing and footv	vear?					○ YES	○ NO		
Is additional e	edge protection	on required?	•						○ YES	○ NO		
Is personal fa	II arrest equip	ment requir	ed?						○ YES	○ NO		
s there a risk	of falling mat	erial?							○ YES	○ NO		
ls Personal Pr	otective Equip	oment (PPE)	required?						○ YES	○ NO		
Are there any	ducts, flues o	or outlets on	the roof?						○ YES	○ NO		
If yes, is there	a risk from ha	azardous fur	nes within the a	rea being occu	pied?				○ YES	○ NO		
Approximate	ly how many	persons will	require access t	o the roof/BAS	Clubroom	for the	duration	of thi	is activity?			
		(Tł	EM nis person must	IERGENCY COM		the act	ivity)					
Name:			Position:	<u> </u>			Contac	t No.:				
			AUTHOR	ISATION AND	ACCEPTAN	NCE						
			on and ensured that thorisation form hav									
Permit Acceptor	:		Signature:			Valid	From: 1	ime:		Pate:		
Organisation:			Permit Issuer:			Valid	To: 1	ime:		Pate:		
			HANDBACK	, RECEIPT AND	CANCELL	ATION						
I confirm that the	e activity has bee	n completed, c	hecked by myself an				y conditio	n.				
Person in charge	2:			Signature:				ime:		Pate:		
	SE	CURITY				ESTATE	S & CAP	ITAL	DEVELOPM	ENT		
			n informed that the paid tidy condition.						ompleted in acc afe and tidy cor	cordance with th		
Time: Date: Time:										Pate:		

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Aston University ROOF ACCESS REQUEST FORM																
Organisation:	BAS		Permit Acceptor:				1st Esca	oe Route	: NC	NORTH STAIRCASE						
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	SOUTH STAIRCASE VIA ROOF				
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.				
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle		
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon		
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl				
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit		
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o		
works commencing. HAZARDS AND PRECAUTIONS																
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO		
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable? YES NO YES NO																
		· · · · · · · · · · · · · · · · · · ·		hing and foot	wear?							YES		○ NO		
Is additional	edge protec	ction required	d?									YES		○ NO		
		ipment requ		d?								YES		○ NO		
Is there a risk												YES		O NO		
		uipment (PPI	=) re	equired?								YES		ONO		
		s or outlets o										YES		○NO		
•				es within the	area h	eina occur	nied?					O YES		○NO		
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS				
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?				
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)						
Name:				Position:						Contac	t No.:					
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE							
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker							
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Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:			
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION							
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.					
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Person in charg					Signat	ure:				_	Time:		Date:			
		SECURITY										DEVELOP				
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Aston Unive	ersity		ROOF ACCESS REQUEST FORM										—		
Organisation:	BAS		Permit Acceptor:				1st Esca	pe Rout	e: N	NORTH STAIRCASE					
Building:	NORTH WIN	IG	Roc	of Access Point:	VIA N	IR03			2nd Esca	ape Rou	te: S	OUTH ST	AIRCA	SE VI	A ROOF
	The foll	owing perso	ns a	AL re authorised		RISED PI ehalf of I		lec [.]	t NW Ro	of Key	s fror	n Securi	ty.		
Gill Pilfo		◯ John Pe				ve Wood) David			С	John S	pittle	2
○ Ben Star	nley	O John D	owr	ning	○ Pau	ıl Colem	an		Clive I	McLeo	d		Paul S	canlo	n
	RIS	K ASSESSM	ENT	AND SAFE (OPER/	ATING P	ROCEDUE	RE					Manageme		
Has a suitable	e and sufficie	nt risk assess	me	nt been unde	ertakei	n for this	activity?	(YES	C	NO	amende five or r significa	ed) require i	that orga oyees reco s of assess	nisations wi ord the sments and
Has a Safe Op	perating Proc	edure (SOP)	bee	n developed	for th	is activit	y?		YES	C	NO	assessm must be Develop	nents and me submitted pment Depa	nethod st I to Estate artment	
HAZARDS AND PRECAUTIONS												works c	ommencing].	
Are all persons requiring roof access trained and competent?															
Are the weath	her condition	ns acceptable	?									OY	ES	01	NO
Are all persor	ns wearing ap	opropriate cl	othi	ng and footw	vear?							OY	ES		NO
Is additional 6	edge protect	ion required	?									О	ES	10	NO
Is personal fa	II arrest equi	pment requir	ed?)								\bigcirc Y	ES		NO
Is there a risk												\bigcirc Y	 ES	0	
Is Personal Pr			rec	nuired?								\bigcirc		10	
Are there any		·										OY		10	
If yes, is there					rea he	ing occi	mied?					\bigcirc		0.	
Approximate							•	n fo	or the d	uratio	n of th		Г		
						NGV 60	NITA CTC								
		(T	his p	person must			NTACTS involved	in t	the activ	vity)					
Name:				Position:						Conta	ct No	:			
				AUTHOR	ISATI	ON AND	ACCEPTA	AN	<u>CE</u>						
I confirm that I hat the risk assessme															fined in
Permit Acceptor	:			Signature:					Valid F	rom:	Time:		Da	te:	
Organisation:			F	Permit Issuer:					Valid T	o:	Time:		Da	te:	
				HANDBACK	, RECE	IPT ANI	O CANCEL	_LA	TION						
I confirm that the	e activity has be	en completed, c	heck	ked by myself an	d the a	rea left sec	ure and in a	safe	and tidy	condition	on.				
Person in charge	e:				Signatu	re:					Time:		Da	te:	
	<u>S</u>	ECURITY						E	STATES	& CA	PITA	L DEVEL	OPME	<u>NT</u>	
l acknowledge re in charge has left					person		I am satisfie permit and								e with thi
		Time:	Date:							Time:		Da	te:		

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Aston University ROOF ACCESS REQUEST FORM																
Organisation:	BAS		Permit Acceptor:				1st Esca	oe Route	: NC	NORTH STAIRCASE						
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	SOUTH STAIRCASE VIA ROOF				
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.				
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle		
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon		
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl				
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit		
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o		
works commencing. HAZARDS AND PRECAUTIONS																
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO		
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable? YES NO YES NO																
		· · · · · · · · · · · · · · · · · · ·		hing and foot	wear?							YES		○ NO		
Is additional	edge protec	ction required	d?									YES		○ NO		
		ipment requ		d?								YES		○ NO		
Is there a risk												YES		O NO		
		uipment (PPI	=) re	equired?								YES		ONO		
		s or outlets o										YES		○NO		
•				es within the	area h	eina occur	nied?					O YES		○NO		
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Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?				
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)						
Name:				Position:						Contac	t No.:					
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE							
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker							
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:			
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I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.					
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Person in charg					Signat	ure:				_	Time:		Date:			
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I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o				
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Aston University ROOF ACCESS REQUEST FORM													
Organisation:	BAS		Permit Acceptor:			1st Escap	e Route	e: N	ORTH STAIF	==== RCASE			
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persons requiring roof access trained and competent?													
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable?													○ NO
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO
Is additional e	edge protection	on required?									YES		○ NO
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								○ YES		O NO
	of falling mat	·									○ YES		O NO
	otective Equip		equired?								○ YES		○NO
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•			equire access t				, fo	or the di	ıratior	of th			
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
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I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
		-					_		$\neg \Box$			Т	
Person in charge	rson in charge: Signature: Time: Date:												
	SECURITY ESTATES & CAPITAL DEVELOPMENT												
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
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Aston University ROOF ACCESS REQUEST FORM													
Organisation:	BAS		Permit Acceptor:			1st Escap	e Route	e: N	ORTH STAIF	==== RCASE			
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persons requiring roof access trained and competent?													
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable?													○ NO
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO
Is additional e	edge protection	on required?									YES		○ NO
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	of falling mat	·									○ YES		O NO
	otective Equip		equired?								○ YES		○NO
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Name:			Position:						Conta	ct No	.:		
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Person in charge	rson in charge: Signature: Time: Date:												
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Aston Unive	ston University ROOF ACCESS REQUEST FORM													
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persons requiring roof access trained and competent?														
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable?														○ NO
		· · · · · · · · · · · · · · · · · · ·		hing and foot	wear?							YES		○ NO
Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side III							, w III W							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>					
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	re all persons requiring roof access trained and competent? re the weather conditions acceptable?												○ NO
Are all persor	e the weather conditions acceptable? e all persons wearing appropriate clothing and footwear?												○ NO
Is additional e	edge protection	on required?									YES		○ NO
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								○ YES		O NO
	of falling mat	·									○ YES		O NO
	otective Equip		equired?								○ YES		○NO
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	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>					
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
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	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
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Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
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Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	re all persons requiring roof access trained and competent? re the weather conditions acceptable?												○ NO
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Is additional e	edge protection	on required?									YES		○ NO
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Aston Unive	ston University ROOF ACCESS REQUEST FORM													
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
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Are all persons requiring roof access trained and competent?														
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable?														○ NO
		· · · · · · · · · · · · · · · · · · ·		hing and foot	wear?							YES		○ NO
Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
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		uipment (PPI	=) re	equired?								YES		ONO
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Aston Unive	ston University ROOF ACCESS REQUEST FORM													
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
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Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
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Aston University ROOF ACCESS REQUEST FORM																
Organisation:	BAS		Permit Acceptor:					1st Esca	pe Route	e: N	ORTH STA	IRCASE	:			
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◯ Ben Star	nley	O John De	owning	○ Paul	l Colemar	1		Clive	McLeo	d	○ P	aul Sca	inlon			
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Has a suitable	e and sufficier	nt risk assess	ment been und	ertaken	n for this a	ctivity?		YES	С	NO	amended) five or mor significant	require that e employee findings of	t organisations with es record the assessments and			
Has a Safe Op	perating Proce	edure (SOP) l	been developed	for thi	s activity?	•		YES	С	NO	assessmen must be su	ts and meth bmitted to ent Departn	lly at risk. Risk nod statements Estates & Capital nent in advance of			
Are all persons requiring roof access trained and competent?																
Are the weather conditions acceptable?													○ NO			
Are all persor	ns wearing ap	propriate clo	othing and foot	wear?							○ YES		○ NO			
Is additional o	edge protecti	on required?	?								○ YES		○ NO			
Is personal fa	II arrest equip	ment requir	ed?								YES	OYES ONO				
Is there a risk	of falling mat	terial?									YES	○ YES ○ NO				
	otective Equi		required?								YES	○ YES ○ NO				
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>						
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE		
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF	
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.			
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle	
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Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO	
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Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
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Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
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Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
Works commencing. HAZARDS AND PRECAUTIONS														
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weather conditions acceptable?												YES		○ NO
	are all persons wearing appropriate clothing and footwear?											YES		O NO
Is additional	s additional edge protection required?													○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
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	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
Works commencing. HAZARDS AND PRECAUTIONS														
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weather conditions acceptable?												YES		○ NO
	are all persons wearing appropriate clothing and footwear?											YES		O NO
Is additional	s additional edge protection required?													○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
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Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
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Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
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I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>						
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE		
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF	
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.			
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle	
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon	
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Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and	
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of	
HAZARDS AND PRECAUTIONS											works comm	encing.		
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are all persons requiring roof access trained and competent? are the weather conditions acceptable?													○ NO	
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO	
Is additional e	edge protection	on required?									YES		○ NO	
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								O YES O NO			
	of falling mat										○ YES		O NO	
	otective Equip		equired?								○ YES		○NO	
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I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.				
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	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy			
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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
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◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
Works commencing. HAZARDS AND PRECAUTIONS														
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Are the weather conditions acceptable?												YES		○ NO
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Is additional	s additional edge protection required?													○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>						
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE		
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF	
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Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle	
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon	
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Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and	
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of	
HAZARDS AND PRECAUTIONS											works comm	encing.		
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO	
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Is additional e	edge protection	on required?									YES		○ NO	
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	of falling mat	·									○ YES		O NO	
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I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.				
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>	
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	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy			
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Aston Unive	ROOF ACCESS REQUEST FORM													
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
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◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
RISK ASSESSMENT AND SAFE OPERATING PROCEDURE NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with														
Has a suitable and sufficient risk assessment been undertaken for this activity? YES NO amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk														
Has a Safe Operating Procedure (SOP) been developed for this activity? Order of the same														
Are all persons requiring roof access trained and competent?														
Are the weat	re the weather conditions acceptable?													○ NO
	e the weather conditions acceptable? e all persons wearing appropriate clothing and footwear?													O NO
Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
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Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
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Name:				Position:						Contac	t No.:			
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				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
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Organisation:	BAS		Permit Acceptor:				1st Esc	ape Rout	e: N	ORTH STAIF	RCASE				
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	The foll	owing perso	AL ns are authorised		SED PEI nalf of B		ect NW F	loof Key	s fror	n Security.					
Gill Pilfo	old	O John Pe	enny	○ Steve	e Woodf	ield	○ Davi	d Evetts	i	Olo	hn Spi	ttle			
○ Ben Sta	nley	O John D	owning	○ Paul	Colemar	า	Clive	McLeo	d	○ Pa	ul Sca	nlon			
	RIS	K ASSESSM	ENT AND SAFE (OPERAT	TING PR	OCEDURI	<u>E</u>					of Health and ions 1999 (as			
Has a suitable	e and sufficie	nt risk assess	ment been unde	ertaken	for this a	activity?	○ YES	C	NO	amended) re five or more significant fir	equire that employee ndings of a	organisations with			
Has a Safe Օր	perating Proc	edure (SOP)	been developed	for this	activity	?	YES	C	NO	assessments must be sub	and meth mitted to l nt Departm	od statements Estates & Capital nent in advance of			
HAZARDS AND PRECAUTIONS											encing.				
Are all persoi	ns requiring r	oof access tr	ained and comp	etent?						YES	(∩ NO			
•			•							YES		∩ NO			
	the weather conditions acceptable? all persons wearing appropriate clothing and footwear?											○ NO			
Is additional		<u> </u>								○ YES		○ NO			
	ll arrest equi									YES		○ NO			
Is there a risk		•								YES		○ NO			
Is Personal Pi			required?							1					
Are there any		·	·							+ +	YES NO				
•				سنمط ممن		.: a d ?				1					
ii yes, is there	a risk irom r	iazardous iur	mes within the a	rea beir	ig occup	oiea?				○ YES		○ NO			
Approximate	ely how many	persons wil	require access t	o the ro	of/BAS (Clubroom	for the	duratio	n of th	nis activity?					
		(T	<u>EN</u> his person must		CY CON		n the ac	ivity)							
Name:			Position:					Conta	ct No.						
			AUTHOR	ISATIO	N AND A	ACCEPTA	NCE								
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l confirm that th	e activity has be	en completed, c	hecked by myself an					y condition	on.						
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Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>					
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
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Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
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Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
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	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								○ YES		O NO
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	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
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	e the weather conditions acceptable? e all persons wearing appropriate clothing and footwear?													O NO
Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
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Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
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Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side III							, w III W							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
		Time:		Date:							Time:		Date:	
1		''''''		54(0.		11							Dute.	l

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ROOF ACCESS REQUEST FORM													
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
RISK ASSESSMENT AND SAFE OPERATING PROCEDURE NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with														
Has a suitable and sufficient risk assessment been undertaken for this activity? YES NO amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk														
Has a Safe Operating Procedure (SOP) been developed for this activity? Order of the same														
Are all persons requiring roof access trained and competent?														
Are the weat	re the weather conditions acceptable?													○ NO
	e the weather conditions acceptable? e all persons wearing appropriate clothing and footwear?													O NO
Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side III							, w III W							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
		Time:		Date:							Time:		Date:	
1		''''''		54(0.		11							Dute.	l

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>					
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persons requiring roof access trained and competent?													
Are the weatl	re the weather conditions acceptable?												○ NO
Are all persor	e the weather conditions acceptable? e all persons wearing appropriate clothing and footwear?												○ NO
Is additional e	edge protection	on required?									YES		○ NO
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								○ YES		O NO
	of falling mat	·									○ YES		O NO
	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO
•			equire access t				, fo	or the di	ıratior	of th			
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ					
			n and ensured that norisation form hav										
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:	
Organisation:			Permit Issuer:					Valid To):	Time:		Date:	
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION					
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
		-					_		$\neg \Box$			Т	
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
		Гіте:	Date:							Time:		Date:	

Top	Copy:	Permit	Issuer,	Middle	Copy	: Security	Bottom	Copy:	Permit.	Acceptor



Aston Unive	ersity		ROOF ACCESS REQUEST FORM													
Organisation:	BAS		Peri	mit Acceptor:					1st Esca	pe Rout	e: N	ORTH ST	ΓAIRCA	SE		
Building:	NORTH WIN	lG	Roo	of Access Point:	VIA N	R03			2nd Esca	ape Rou	te: SO	OUTH ST	AIRCA	SE VI	A ROOF	
	The follo	owing perso	ns a	AL re authorised			ERSONS BAS to col	lect	t NW Ro	of Key	s fror	n Securi	ity.			
Gill Pilfo		◯ John Pe				ve Wood) David			С) John S	 Spittl	e	
○ Ben Star	nley	◯ John D	owr	ning	○ Pau	l Colema	an		Clive I	McLeo	d	C) Paul S	canlc	on	
	RIS	K ASSESSM	ENT	AND SAFE (OPER/	ATING P	ROCEDUE	RE					Manageme at Work Reg			
Has a suitable	e and sufficie	nt risk assess	mer	nt been unde	ertaker	n for this	activity?		YES	C	NO	amend five or i signific	ed) require more emplo ant findings	that orga oyees rec of asses	anisations wit ord the sments and	
Has a Safe Op	erating Proc	edure (SOP)	bee	n developed	for th	is activit	y?		YES	C	NO	assessn must b Develo	identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance o works commencing.			
	HAZARDS AND PRECAUTIONS													g.		
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable? O YES O NO														NO		
Are the weatl	re the weather conditions acceptable?												ES		NO	
Are all persor	ns wearing ap	propriate cl	othing and footwear?									OY	ES		NO	
Is additional e	edge protecti	on required	?									OY	ES		NO	
Is personal fa	II arrest equip	oment requir	ed?									OY	ES	0	NO	
Is there a risk												\bigcirc Y	ES	$\overline{\bigcirc}$	NO	
Is Personal Pr			rea	uired?								OY	ES	0		
Are there any				•								\bigcap			NO	
If yes, is there					rea he	ing occu	nied?					\bigcirc				
Approximate							•	n fo	or the d	uratio	n of th					
		/T	bic r				NTACTS	in t	tha activ	eita e)						
Name:		(1)	JIIS P	Position:	not be	e directly	invoived	ın t		Conta	rt No					
				T OSICION.								<u>'</u>				
				AUTHOR	ISATIO	ON AND	ACCEPT/	ANG	<u>CE</u>							
I confirm that I h the risk assessme															fined in	
Permit Acceptor	:		S	Signature:					Valid F	rom:	Time:		Da	te:		
Organisation:			P	Permit Issuer:					Valid T	o:	Time:		Da	te:		
				HANDBACK	, RECE	IPT AND) CANCEL	LA	TION	,						
l confirm that the	e activity has bee	en completed, c	heck	ed by myself an	d the ar	ea left sec	ure and in a	safe	and tidy	condition	on.					
Person in charge	2:				Signatu	re:					Time:		Da	te:		
	<u>S</u>	ECURITY						<u>E</u> :	STATES	& CA	PITA	L DEVEL	OPME	NT		
l acknowledge re in charge has lef					person	I am satisfied that the a permit and the area lef							ompleted in accordance with this ife and tidy condition.			
		Time:		Date:			Time				ne: Date:					

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>							
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE			
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF		
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.				
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle		
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon		
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as		
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and		
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of		
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.			
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO		
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO		
Are all persor	ns wearing ap	propriate clot	hing and footw	ing and footwear?							○ YES		○ NO		
Is additional e	edge protection	on required?									YES ONO				
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								OYES ONO				
	of falling mat	·									○ YES		O NO		
	otective Equip		equired?								○ YES		○NO		
	ducts, flues o										○ YES		O NO		
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO		
•			equire access t				, fo	or the di	ıratior	of th					
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:				
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)						
Name:			Position:						Conta	ct No	.:				
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ							
			n and ensured that norisation form hav												
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:			
Organisation:			Permit Issuer:					Valid To):	Time:		Date:			
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION							
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.					
		-					_		$\neg \Box$			Т			
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>		
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ		
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy				
		Гіте:	Date:							Time:		Date:			

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		Permit Acceptor:			1st Esca	oe Route	: NC	ORTH STAIR	CASE				
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable? YES NO YES NO														
Are the weat	re the weather conditions acceptable?													○ NO
		· · · · · · · · · · · · · · · · · · ·		hing and foot	wear?							YES		O NO
Is additional	e all persons wearing appropriate clothing and footwear? dditional edge protection required?													○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side III							, w III W							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
		Time:		Date:							Time:		Date:	
1		''''''		54(0.		11							Dute.	l

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity		<u> </u>	ROOF ACCESS REQUEST FORM											
Organisation:	BAS		Permit Acceptor:			1st Esca	ape Route	:: NC	ORTH STAIR	RCASE					
Building:	NORTH W	VING	R	Roof Access Point:					2nd Eso	cape Rout	e: SO	OUTH STAIF	RCASE	VIA ROOF	
	The f	ollowing perso	ons	_		DRISED PE behalf of E			t NW R	oof Key	s from	Security.			
Gill Pilfo	old	◯ John P	en	nny	○ Ste	eve Wood	field	(David	d Evetts		Olo	hn Sp	ittle	
○ Ben Sta	nley	◯ John D	Οον	wning	○ Pa	ul Colema	an		Clive	McLeo	t	○ Pa	ul Sca	nlon	
	<u> </u>	RISK ASSESSM	IEN	NT AND SAFE	OPER	RATING PI	ROCEDI	URE						of Health and tions 1999 (as	
Has a suitable	e and suffic	cient risk asses	sm	nent been und	ertake	en for this	activity	?	YES	О	NO	five or more significant fi	employee ndings of	assessments and	
Has a Safe Op	perating Pr	ocedure (SOP)	be	een developed	d for th	his activity	/?		YES	С	NO	assessments must be sub Developmen	and meth mitted to t Departn	ly at risk. Risk nod statements Estates & Capital nent in advance c	
				HAZ/	ARDS	AND PRE	CAUTIO	<u>ONS</u>				works comm	encing.		
Are all persoi	ns requirin	g roof access t	raiı	ned and comp	etent	:?						○ YES		○ NO	
Are the weat	her conditi	ions acceptabl	e?									○ YES		○ NO	
Are all persoi	ns wearing	appropriate c	lot	hing and foot		○ YES		○ NO							
Is additional	edge prote	ection required	!?									○ YES		○ NO	
Is personal fa	ıll arrest eq	uipment requi	ire	 d?								O YES O NO			
Is there a risk												○ YES		O NO	
		quipment (PPE	:) r	equired?								○ YES		○ NO	
		es or outlets or		·								YES		O NO	
•		n hazardous fu			h	eina occu	nied?					YES		ONO	
		any persons wi					•	om f	or the o	duration	of th				
		(1	Γhi	<u>EN</u> s person must		ENCY CO		_	the act	ivity)					
Name:				Position:						Contac	t No.:				
				AUTHOR	RISAT	ION AND	ACCEP'	TAN	CE						
		he above informa onditions of this a		n and ensured tha	at the ne	ecessary pre	cautions l	have b	oeen take						
Permit Accepto	r:			Signature:					Valid I	rom:	Time:		Date:		
Organisation:				Permit Issuer:					Valid ⁻	Го:	Time:		Date:		
				HANDBACK	(, REC	EIPT AND	CANC	ELLA	TION						
l confirm that th	e activity has	been completed,	che							y conditio	n.				
Person in charg	e:				Signat	ure:					Time:		Date:		
		SECURITY						E	STATE	S & CAI	PITAL	DEVELOR	MEN	Ţ	
		permit having bee cure and in a safe a			person							completed in safe and tidy		ance with this	
		Time:		Date:							Time:		Date:		

Top Copy: Permit Issuer, Mid	Idle Copy: Security	Bottom Copy:	Permit Acceptor



0029

ASTON ONIVE	ersity		ROOF ACC	<u>ORIVI</u>										
Organisation:	BAS		Permit Acceptor:				1st Esc	ape Rout	e: N	ORTH STAIF	RCASE			
Building:	NORTH WIN	IG	Roof Access Point:				2nd Es	cape Rou	te: SC	OUTH STAIF	≀CASE	VIA ROOF		
	The foll	owing perso	AL ns are authorised		SED PEI nalf of B		ect NW F	loof Key	s fror	n Security.				
Gill Pilfo	old	O John Pe	enny	○ Steve	e Woodf	ield	○ Davi	d Evetts	i	Olo	hn Spi	ttle		
○ Ben Sta	nley	O John D	owning	○ Paul	Colemar	า	Clive	McLeo	d	○ Pa	ul Sca	nlon		
	RIS	K ASSESSM	ENT AND SAFE (OPERAT	TING PR	OCEDURI	<u>E</u>					of Health and ions 1999 (as		
Has a suitable	e and sufficie	nt risk assess	ment been unde	ertaken	for this a	activity?	○ YES	C	NO	amended) re five or more significant fir	equire that employee ndings of a	organisations with		
Has a Safe Օր	perating Proc	edure (SOP)	been developed	for this	activity	?	YES	C	NO	assessments must be sub Developmen	and meth mitted to l nt Departm	od statements Estates & Capital nent in advance of		
			<u>HAZA</u>	RDS AN	ND PREC	AUTIONS	<u>S</u>			works comm	encing.			
Are all persoi	ns requiring r	oof access tr	ained and comp	etent?						YES	(∩ NO		
Are the weat			•							YES		∩ NO		
		•	othing and footy		○ YES		○ NO							
Is additional		<u> </u>								○ YES		○ NO		
	ll arrest equi									YES		○ NO		
Is there a risk		•								YES		○ NO		
Is Personal Pi			required?							1	YES ONO			
Are there any		·	·							○ YES		○NO		
•				سنمط ممن		.: a d 2				1				
ii yes, is there	a risk irom r	iazardous iur	mes within the a	rea beir	ig occup	oiea?				○ YES		○ NO		
Approximate	ely how many	persons wil	require access t	o the ro	of/BAS (Clubroom	for the	duratio	n of th	nis activity?				
		(T	<u>EN</u> his person must		CY CON		n the ac	ivity)						
Name:			Position:					Conta	ct No.					
			AUTHOR	ISATIO	N AND A	ACCEPTA	NCE							
			ion and ensured that othorisation form hav	t the nece	ssary prec	autions have	e been tak							
Permit Accepto	r:		Signature:				Valid	From:	Time:		Date:			
Organisation:			Permit Issuer:				Valid	То:	Time:		Date:			
			HANDBACK	, RECEI	PT AND	CANCELL	ATION							
l confirm that th	e activity has be	en completed, c	hecked by myself an					y condition	on.					
Person in charg	e:			Signature	:				Time:		Date:			
	S	ECURITY					ESTATI	S & CA	PITAI	L DEVELOP	MEN	<u>r</u>		
			n informed that the pand tidy condition.	oerson						completed in safe and tidy		ance with this on.		
		Time:	Date:						Time:		Date:			

Top Copy: Permit Issuer, Mid	Idle Copy: Security	Bottom Copy:	Permit Acceptor



Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		Permit Acceptor:			1st Esca	oe Route	: NC	ORTH STAIR	CASE				
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable? YES NO YES NO														
Are the weat	re the weather conditions acceptable?													○ NO
		· · · · · · · · · · · · · · · · · · ·		hing and foot	wear?							YES		○ NO
Is additional	e all persons wearing appropriate clothing and footwear? dditional edge protection required?													○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
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Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>					
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO
Is additional e	are all persons wearing appropriate clothing and footwear? additional edge protection required?												○ NO
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								YES		O NO
	of falling mat	·									○ YES		O NO
	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO
•			equire access t				, fo	or the di	ıratior	of th			
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
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			n and ensured that norisation form hav										
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:	
Organisation:			Permit Issuer:					Valid To):	Time:		Date:	
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION					
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
		-					_		$\neg \Box$			Т	
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>
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	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
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Aston Unive	ersity		<u>R</u>	ROOF ACCESS REQUEST FORM													
Organisation:	BAS		Per	mit Acceptor:					1st Esca	pe Rout	e: N	ORTH S	TAIRCA	SE			
Building:	NORTH WIN	IG	Roc	of Access Point:	VIA N	IR03			2nd Esca	2nd Escape Route: SOL		OUTH STAIRCASE VIA RO			IA ROOF		
	The foll	owing perso	ns a	AL re authorised		RISED PI ehalf of I		lec [.]	t NW Ro	of Key	s fror	n Secur	ity.				
Gill Pilfo		◯ John Pe				ve Wood) David				John	Spitt	le		
○ Ben Star	nley	O John D	owr	ning	○ Pau	ıl Colem	an		Clive I	McLeo	d	Paul Scanlon					
	RIS	K ASSESSM	ENT	AND SAFE (OPER/	ATING P	ROCEDUE	RE					e Managem at Work Red				
Has a suitable	e and sufficie	nt risk assess	mei	nt been unde	ertakei	n for this	activity?	(YES	С	NO	amend five or signific	led) require more empl cant finding	that or oyees re s of ass	ganisations wi cord the essments and		
Has a Safe Op	perating Proc	edure (SOP)	bee	n developed	for th	is activit	y?		YES	С	NO	assessi must b Develo	identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance				
				HAZA	RDS A	AND PRE	CAUTION	<u>IS</u>				works	commencir	ıg.			
Are all persor	ns requiring r	oof access tr	aine	ed and comp	etent?							OY	'ES	С	NO		
Are the weatl	her condition	ns acceptable	?									OY	'ES	C	NO		
Are all persor	are all persons wearing appropriate clothing and footwear?									OY	'ES	С	NO				
Is additional 6	Is additional edge protection required?										OY	'ES		NO			
Is personal fa	II arrest equi	pment requir	ed?)									ES		NO		
Is there a risk												OY	'ES		NO		
Is Personal Pr			rec	nuired?											NO		
Are there any		·													NO		
If yes, is there					rea he	ing occi	mied?								NO		
Approximate							•	n fo	or the d	uration	n of th						
						NGV 60	NITA CTC										
		(T	his p	person must			NTACTS involved	in t	the activ	vity)							
Name:				Position:						Conta	ct No	.:					
				AUTHOR	ISATI	ON AND	ACCEPTA	AN	<u>CE</u>								
I confirm that I h the risk assessme															efined in		
Permit Acceptor	:		9	Signature:					Valid F	rom:	Time:		Da	nte:			
Organisation:			F	Permit Issuer:					Valid T	o:	Time:		Da	ite:			
				HANDBACK	, RECE	IPT ANI	O CANCEL	_LA	TION	<u>'</u>			<u>'</u>				
I confirm that the	e activity has be	en completed, c								condition	on.						
Person in charge	e:			!	Signatu	re:					Time:		Da	nte:			
	<u>S</u>	ECURITY						E	STATES	& CA	PITA	L DEVE	LOPME	NT			
I acknowledge re in charge has lef					person		I am satisfie permit and										
		Time:		Date:							Time:		Da	ite:			

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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>							
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE			
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	SOUTH STAIRCASE VIA ROOF				
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.				
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle		
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon		
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl				
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit		
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o		
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.			
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO		
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO		
	re the weather conditions acceptable? re all persons wearing appropriate clothing and footwear?													○ NO		
Is additional	and footwear?													○ NO		
s additional edge protection required? s personal fall arrest equipment required?														○ NO		
Is there a risk												YES		O NO		
		uipment (PPI	=) re	equired?								YES		ONO		
		s or outlets o										YES		○NO		
•				es within the	area h	eina occur	nied?					O YES		○NO		
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Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?				
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Name:				Position:						Contac	t No.:					
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Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:			
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I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.					
January Side III							, w III W									
Person in charg					Signat	ure:				_	Time:		Date:			
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I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o				
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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>							
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE			
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	SOUTH STAIRCASE VIA ROOF				
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.				
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle		
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon		
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl				
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit		
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Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO		
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO		
	re the weather conditions acceptable? re all persons wearing appropriate clothing and footwear?													○ NO		
Is additional	and footwear?													○ NO		
s additional edge protection required? s personal fall arrest equipment required?														○ NO		
Is there a risk												YES		O NO		
		uipment (PPI	=) re	equired?								YES		ONO		
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Name:				Position:						Contac	t No.:					
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I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o				
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>					
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
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Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO
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Is additional e	are all persons wearing appropriate clothing and footwear? additional edge protection required?												○ NO
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								YES		O NO
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	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
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	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>							
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE			
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	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl				
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit		
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o		
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.			
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO		
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO		
	re the weather conditions acceptable? re all persons wearing appropriate clothing and footwear?													○ NO		
Is additional	and footwear?													○ NO		
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Is there a risk												YES		O NO		
		uipment (PPI	=) re	equired?								YES		ONO		
		s or outlets o										YES		○NO		
•				es within the	area h	eina occur	nied?					O YES		○NO		
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Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?				
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Name:				Position:						Contac	t No.:					
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE							
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker							
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:			
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:			
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION							
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.					
January Side III							, w III W									
Person in charg					Signat	ure:				_	Time:		Date:			
		SECURITY										DEVELOP				
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o				
		Time:		Date:							Time:		Date:			
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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO
	re all persons wearing appropriate clothing and footwear?											YES		○ NO
Is additional	s additional edge protection required?											YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		ONO NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
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Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO
	re all persons wearing appropriate clothing and footwear?											YES		○ NO
Is additional	s additional edge protection required?											YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		ONO NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
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				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
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Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side III							, w III W							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
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Organisation:	BAS		Permit Acceptor:				1st I	Scape Roi	ute: N	IORTH STAIR	CASE		
Building:	NORTH WIN	IG	Roof Access Point:	VIA N	IR03		2nd	Escape Ro	oute: S	OUTH STAIR	CASE	VIA ROOF	
	The follo	owing persoi	All ns are authorise		RISED PE ehalf of B		ect NW	' Roof Ke	eys fro	m Security.			
Gill Pilfo	ld	O John Pe	enny	○ Ste	ve Woodf	field	○ Da	vid Evet	ts	Olol	nn Spi	ittle	
O Ben Star	nley	O John De	owning	○ Pau	ıl Colema	n [⊜ Cli	ve McLe	od	Paul Scanlon			
	RIS	K ASSESSMI	ENT AND SAFE	OPER/	ATING PR	OCEDURE	E			NB: The Mana Safety at Wor		of Health and	
Has a suitable	and sufficie	nt risk assess	ment been und	ertakeı	n for this	activity?	○ YE	S () NO	amended) red five or more e	quire that employee	organisations with s record the	
			been developed				○ YE	S (ONO	identify those assessments must be subr	e especiall and meth nitted to I	assessments and ly at risk. Risk and statements Estates & Capital ment in advance of	
			HAZA	RDS A	ND PRE	CAUTIONS	<u>S</u>			works commo	•	lent in advance of	
Are all person	is requiring r	oof access tra	ained and comp	etent?						○ YES		○ NO	
Are the weath										YES		O NO	
Are all person	all persons wearing appropriate clothing and footwear?											○ NO	
Is additional e	dditional edge protection required?											○ NO	
Is personal fal	II arrest equip	oment requir	ed?							○ YES	-	○ NO	
Is there a risk	of falling ma	terial?								○ YES	- (○ NO	
Is Personal Pr	otective Equi	ipment (PPE)	required?							○ YES	-	○ NO	
Are there any	ducts, flues	or outlets on	the roof?							○ YES	(○ NO	
If yes, is there	a risk from h	azardous fur	mes within the a	rea be	ing occup	oied?				○ YES	(○ NO	
Approximate	ly how many	persons will	require access t	to the	roof/BAS	Clubroom	for th	e duratio	on of t	his activity?			
		/TI	EN his person must		NCY CON		a +b a =	ctivity)					
		(11	nis person must	not be	airectly	invoivea ir	n the a	ctivity)					
Name:			Position:					Cont	act No).: <u> </u>			
			AUTHOR	ISATI	ON AND	ACCEPTAI	NCE						
			on and ensured tha thorisation form ha										
Permit Acceptor	:		Signature:				Vali	d From:	Time:		Date:		
Organisation:			Permit Issuer:				Vali	d To:	Time:		Date:		
			HANDBACK	, RECE	IPT AND	CANCELL	ATIO	<u>N</u>					
I confirm that the	e activity has bee	en completed, c	hecked by myself ar	nd the a	rea left secu	re and in a sa	afe and	tidy condi	tion.				
Person in charge	e:			Signatu	re:				Time:		Date:		
	<u>S</u>	<u>ECURITY</u>					ESTA	TES & C	APITA	L DEVELOP	MEN	Ţ	
			n informed that the nd tidy condition.	person						n completed in a safe and tidy o			
		Time:	Date:						Time:		Date:		

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Organisation:	BAS		Permit Acceptor:				1st Esc	ape Rout	e: N	ORTH STAIF	RCASE	
Building:	NORTH WIN	IG	Roof Access Point:				2nd Es	cape Rou	te: SC	OUTH STAIF	≀CASE	VIA ROOF
	The foll	owing perso	AL ns are authorised		SED PEI nalf of B		ect NW F	loof Key	s fror	n Security.		
Gill Pilfo	old	O John Pe	enny	○ Steve	e Woodf	ield	○ Davi	d Evetts	i	Olo	hn Spi	ttle
○ Ben Sta	nley	O John D	owning	○ Paul	Colemar	า	Clive	McLeo	d	○ Pa	ul Sca	nlon
	RIS	K ASSESSM	ENT AND SAFE (OPERAT	TING PR	OCEDURI	<u>E</u>					of Health and ions 1999 (as
Has a suitable	e and sufficie	nt risk assess	ment been unde	ertaken	for this a	activity?	○ YES	C	NO	amended) re five or more significant fir	equire that employee ndings of a	organisations with
Has a Safe Օր	perating Proc	edure (SOP)	been developed	for this	activity	?	YES	C	NO	assessments must be sub Developmen	and meth mitted to l nt Departm	od statements Estates & Capital nent in advance of
			<u>HAZA</u>	RDS AN	ND PREC	AUTIONS	<u>S</u>			works comm	encing.	
Are all persoi	ns requiring r	oof access tr	ained and comp	etent?						YES	(∩ NO
Are the weat			•							YES		∩ NO
		•		vear?						○ YES		○ NO
•	all persons wearing appropriate clothing and footwear? dditional edge protection required?											○ NO
	ll arrest equi									○ YES		○ NO
Is there a risk		•								YES		○ NO
Is Personal Pi			required?							O YES		○ NO
Are there any		·	·							○ YES		○NO
•				سنمط ممن		.: a d 2				1		
ii yes, is there	a risk irom r	iazardous iur	mes within the a	rea beir	ig occup	oiea?				○ YES		○ NO
Approximate	ely how many	persons wil	require access t	o the ro	of/BAS (Clubroom	for the	duratio	n of th	nis activity?		
		(T	<u>EN</u> his person must		CY CON		n the ac	ivity)				
Name:			Position:					Conta	ct No.			
			AUTHOR	ISATIO	N AND A	ACCEPTA	NCE					
			ion and ensured that othorisation form hav	t the nece	ssary prec	autions have	e been tak					
Permit Accepto	r:		Signature:				Valid	From:	Time:		Date:	
Organisation:			Permit Issuer:				Valid	То:	Time:		Date:	
			HANDBACK	, RECEI	PT AND	CANCELL	ATION					
l confirm that th	e activity has be	en completed, c	hecked by myself an					y condition	on.			
Person in charg	e:			Signature	:				Time:		Date:	
	S	ECURITY					ESTATI	S & CA	PITAI	L DEVELOP	MEN	<u>r</u>
			n informed that the pand tidy condition.	oerson						completed in safe and tidy		ance with this on.
		Time:	Date:						Time:		Date:	

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Aston Unive	ersity		<u>R</u>	OOF AC	CESS	REQU	JEST FO	<u>DF</u>	<u>RM</u>			004				
Organisation:	BAS		Per	mit Acceptor:					1st Escape Rou	ute:	NOR	TH STAIR	CASE			
Building:	NORTH WIN	G	Roc	of Access Point:	AUTHORISED PERSONS rised on behalf of BAS to collect NW Roof Keys from Steve Woodfield David Evetts						SOU	TH STAIR	CASE	VIA ROOF		
	The follo	owina nerso	ns a	_				ec.	t NW Roof Ke	evs f	rom S	ecurity				
Gill Pilfo		O John Pe											ın Spi	ttle		
◯ Ben Stai	nley	O John De	owr	ning	○ Pau	ul Colema	an		Clive McLe	od		Paul Scanlon				
	RISI	K ASSESSMI	ENT	AND SAFE	OPER	ATING P	ROCEDUR	<u>E</u>				NB: The Mana Safety at Worl				
Has a suitable	e and sufficier	nt risk assess	mei	nt been und	ertake	n for this	activity?	(YES () N	0	amended) rec five or more e	uire that mployee dings of a	organisations with s record the assessments and		
Has a Safe Op	perating Proce	edure (SOP)	bee	n developed	d for th	is activit	y?	(YES ()N	0	assessments a must be subm Development	nd meth hitted to I Departm	od statements Estates & Capital ent in advance of		
				HAZ	ARDS /	AND PRE	CAUTION	<u>S</u>				works comme	ncing.			
Are all persor	ns requiring ro	oof access tra	aine	ed and comp	etent?	?						○ YES	(○ NO		
Are the weatl	her condition:	s acceptable	?									○ YES	(○ NO		
Are all persor	ns wearing ap	propriate clo	othi	ng and foot	wear?							○ YES	(○ NO		
Is additional e	edge protecti	on required?	?									○ YES		O NO		
Is personal fa	ll arrest equip	ment requir	ed?									○ YES		O NO		
Is there a risk	of falling mat	terial?										○ YES		○ NO		
	otective Equi		reo	uired?								○ YES		○ NO		
	ducts, flues c	•		•								○ YES		○ NO		
	a risk from h				area be	ing occu	pied?					○ YES		○ NO		
	ely how many							n fo	or the duration	on o	f this					
				FN	ИFRGF	NCY CO	NTA <i>C</i> TS									
		(TI	nis p	oerson must				in t	the activity)							
Name:				Position:					Cont	act l	No.:					
				AUTHOR	RISATI	ON AND	ACCEPTA	N	CE							
	ave verified the a ent and the cond															
Permit Acceptor	:		5	Signature:					Valid From:	Tin	ne:		Date:			
Organisation:			F	Permit Issuer:					Valid To:	Tin	ne:		Date:			
				HANDBACK	(, RFCI	EIPT ANI	CANCEL	LΔ	TION	'						
I confirm that the	e activity has bee	en completed.c								tion						
										T						
Person in charge					Signatu	ıre:				Tin	ne:		Date:			
		<u>ECURITY</u>						E	STATES & C	API	TAL D	EVELOP	MEN	Γ		
	eceipt of this perr t the area secure				person				at the activity h area left secure							
		Time:		Date:						Tin	ne:		Date:			

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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO
	re all persons wearing appropriate clothing and footwear?											YES		○ NO
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		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		ONO NO
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Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
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I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side III							, w III W							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
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○ Ben Sta	nley	O John D	owning	○ Paul	Colemar	า	Clive	McLeo	d	○ Pa	ul Sca	nlon
	RIS	K ASSESSM	ENT AND SAFE (OPERAT	TING PR	OCEDURI	<u>E</u>					of Health and ions 1999 (as
Has a suitable	e and sufficie	nt risk assess	ment been unde	ertaken	for this a	activity?	○ YES	C	NO	amended) re five or more significant fir	equire that employee ndings of a	organisations with
Has a Safe Օր	perating Proc	edure (SOP)	been developed	for this	activity	?	YES	C	NO	assessments must be sub Developmen	and meth mitted to l nt Departm	od statements Estates & Capital nent in advance of
			<u>HAZA</u>	RDS AN	ND PREC	AUTIONS	<u>S</u>			works comm	encing.	
Are all persoi	ns requiring r	oof access tr	ained and comp	etent?						YES	(∩ NO
Are the weat			•							YES		∩ NO
		•	othing and footy	vear?						○ YES		○ NO
Is additional		○ YES		○ NO								
	ll arrest equi	YES		○ NO								
Is there a risk		•								YES		○ NO
Is Personal Pi			required?							O YES		○ NO
Are there any		·	·							○ YES		○NO
•				سنمط ممن		.: a d ?				1		
ii yes, is there	a risk irom r	iazardous iur	mes within the a	rea beir	ig occup	oiea?				○ YES		○ NO
Approximate	ely how many	persons wil	require access t	o the ro	of/BAS (Clubroom	for the	duratio	n of th	nis activity?		
		(T	<u>EN</u> his person must		CY CON		n the ac	ivity)				
Name:			Position:					Conta	ct No.			
			AUTHOR	ISATIO	N AND A	ACCEPTA	NCE					
			ion and ensured that othorisation form hav	t the nece	ssary prec	autions have	e been tak					
Permit Accepto	r:		Signature:				Valid	From:	Time:		Date:	
Organisation:			Permit Issuer:				Valid	То:	Time:		Date:	
			HANDBACK	, RECEI	PT AND	CANCELL	ATION					
l confirm that th	e activity has be	en completed, c	hecked by myself an					y condition	on.			
Person in charg	e:			Signature	:				Time:		Date:	
	S	ECURITY					ESTATI	S & CA	PITAI	L DEVELOP	MEN	<u>r</u>
			n informed that the pand tidy condition.	oerson						completed in safe and tidy		ance with this on.
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Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>						
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE		
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF	
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.			
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle	
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon	
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as	
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and	
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of	
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.		
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO	
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO	
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO	
Is additional e	are all persons wearing appropriate clothing and footwear? additional edge protection required?												○ NO	
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								YES NO			
	of falling mat	·									○ YES		O NO	
	otective Equip		equired?								○ YES		○NO	
	ducts, flues o										○ YES		O NO	
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO	
•			equire access t				, fo	or the di	ıratior	of th				
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:			
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)					
Name:			Position:						Conta	ct No	.:			
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ						
			n and ensured that norisation form hav											
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:		
Organisation:			Permit Issuer:					Valid To):	Time:		Date:		
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION						
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.				
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Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>	
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ	
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy			
		Гіте:	Date:							Time:		Date:		

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Aston Unive	ersity		ROOF ACC	ESS F	REQUI	EST FO	R	<u>M</u>						
Organisation:	BAS		Permit Acceptor:					1st Escape Rou	ıte:	NOR	TH STAIR	CASE		
Building:	NORTH WIN	G	Roof Access Point:	VIA NR	03			2nd Escape Ro	SOU	TH STAIR	CASE	VIA ROOF		
	The follo	wing persor	AL ns are authorised		SED PER		act	· NW Roof Ke	ws fr	om S	Security			
◯ Gill Pilfo		O John Pe			Woodfi) David Evet				n Spi	ttle	
○ Ben Star	alov	O John Do		○ Paul 4	Colemar			Clive McLe	od		Paul Scanlon			
O Bell Stal								Clive MicLe	ou					
	RISI	(ASSESSMI	ENT AND SAFE (<u>OPERAT</u>	FING PR	OCEDUR	E				NB: The Manag Safety at Work amended) reg	Regulati		
Has a suitable	e and sufficier	nt risk assess	ment been unde	ertaken	for this a	ctivity?	C	YES (N)	five or more en	mployees lings of a	record the ssessments and	
Has a Safe Op	erating Proce	edure (SOP) l	peen developed	for this	activity?	,	C	YES ()NC)	identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance or			
			HAZA	RDS AN	ND PREC	AUTIONS	S				works comme		ent in advance of	
Are all persor	ns requiring ro	oof access tra	ained and comp								○ YES	-) NO	
	ner conditions									\dashv	YES) NO	
				vear?							○ YES) NO	
are all persons wearing appropriate clothing and footwear? s additional edge protection required?											○ YES	(ONO	
Is personal fa	ll arrest equip	ment requir	ed?								○ YES	(ONO	
Is there a risk	of falling mat	erial?									○ YES	(ONO	
Is Personal Pr	otective Equi	oment (PPE)	required?								○ YES	(ONO	
Are there any	ducts, flues c	or outlets on	the roof?								○ YES	(ONO	
If yes, is there	a risk from ha	azardous fur	nes within the a	rea bein	ng occup	ied?					○ YES	(ONO	
Approximate	ly how many	persons will	require access t	o the ro	of/BAS (Clubroom	fc	or the duration	on of	this	activity?			
		(T)	<u>EM</u> nis person must		CY CON		n t	ho activity)						
		(11		not be t	allectiy ii	ilvoiveu ii	11 (<u> </u>						
Name:			Position:					Cont	act N	10::				
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			on and ensured that thorisation form hav											
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Organisation:			Permit Issuer:					Valid To:	Tim	e:		Date:		
			HANDBACK	, RECEII	PT AND	CANCELL	LA [']	TION						
I confirm that the	e activity has bee	n completed, c	hecked by myself an						tion.					
Person in charge	2:			Signature	:				Tim	e:		Date:		
	SI	CURITY					ES	STATES & C	APIT	AL D	EVELOPI	MENT		
			n informed that the pod tidy condition.	oerson				at the activity h area left secure						
		Time:	Date:		Ī				Tim	e:		Date:		

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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO
	re all persons wearing appropriate clothing and footwear?													○ NO
s additional edge protection required?												YES		○ NO
Is personal fall arrest equipment required?												YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
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I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
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Person in charg					Signat	ure:				_	Time:		Date:	
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I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>						
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE		
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF	
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.			
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◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon	
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	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								YES NO			
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	otective Equip		equired?								○ YES		○NO	
	ducts, flues o										○ YES		O NO	
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Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>	
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	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy			
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Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO
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Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>		
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ		
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy				
		Гіте:	Date:							Time:		Date:			

Top Copy: Permit Issuer, Mid	Idle Copy: Security	Bottom Copy:	Permit Acceptor



Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>							
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE			
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF		
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.				
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle		
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon		
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as		
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and		
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of		
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.			
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO		
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO		
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO		
Is additional e	edge protection	on required?									YES		○ NO		
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								○ YES				
	of falling mat	·									○ YES		O NO		
	otective Equip		equired?								○ YES		○NO		
	ducts, flues o										○ YES		O NO		
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO		
•			equire access t				, fo	or the di	ıratior	of th					
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:				
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)						
Name:			Position:						Conta	ct No	.:				
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ							
			n and ensured that norisation form hav												
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:			
Organisation:			Permit Issuer:					Valid To):	Time:		Date:			
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION							
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.					
		-					_		$\neg \Box$			Т			
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>		
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ		
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy				
		Гіте:	Date:							Time:		Date:			

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity		<u> </u>	ROOF AC	CES:	S REQU	<u>JEST I</u>	FOF	<u> </u>						
Organisation:	BAS		Permit Acceptor:					1st Esca	ape Route	:: NC	NORTH STAIRCASE				
Building:	NORTH W	VING	R	Roof Access Point:					2nd Eso	cape Rout	e: SO	OUTH STAIF	RCASE	VIA ROOF	
	The f	ollowing perso	ons	_		DRISED PE behalf of E			t NW R	oof Key	s from	Security.			
Gill Pilfo	old	◯ John P	en	nny	○ Ste	eve Wood	field	(David	d Evetts		Olo	hn Sp	ittle	
○ Ben Sta	nley	◯ John D	Οον	wning	○ Pa	ul Colema	an		Clive	McLeo	t	Paul Scanlon			
	<u> </u>	RISK ASSESSM	IEN	NT AND SAFE	OPER	RATING PI	ROCEDI	URE						of Health and tions 1999 (as	
Has a suitable	e and suffic	cient risk asses	sm	nent been und	ertake	en for this	activity	?	YES	О	NO	five or more significant fi	employee ndings of	assessments and	
Has a Safe Op	perating Pr	ocedure (SOP)	be	een developed	d for th	his activity	/?		YES	С	NO	assessments must be sub Developmen	and meth mitted to t Departn	ly at risk. Risk nod statements Estates & Capital nent in advance c	
				HAZ/	ARDS	AND PRE	CAUTIO	<u>ONS</u>				works comm	encing.		
Are all persoi	ns requirin	g roof access t	raiı	ned and comp	etent	:?						○ YES		○ NO	
Are the weat	her conditi	ions acceptabl	e?									○ YES		○ NO	
Are all persoi	ns wearing	appropriate c	lot	hing and foot	wear?							○ YES		○ NO	
Is additional	are all persons wearing appropriate clothing and footwear? additional edge protection required?													○ NO	
Is personal fa	ıll arrest eq	uipment requi	ire	 d?								YES NO			
Is there a risk												○ YES		O NO	
		quipment (PPE	:) r	equired?								○ YES		○ NO	
		es or outlets or		·								YES		O NO	
•		n hazardous fu			h	eina occu	nied?					YES		ONO	
		any persons wi					•	om f	or the o	duration	of th				
		(1	Γhi	<u>EN</u> s person must		ENCY CO		_	the act	ivity)					
Name:				Position:						Contac	t No.:				
				AUTHOR	RISAT	ION AND	ACCEP'	TAN	CE						
		he above informa onditions of this a		n and ensured tha	at the ne	ecessary pre	cautions l	have b	oeen take						
Permit Accepto	r:			Signature:					Valid I	rom:	Time:		Date:		
Organisation:				Permit Issuer:					Valid ⁻	Го:	Time:		Date:		
				HANDBACK	(, REC	EIPT AND	CANC	ELLA	TION						
l confirm that th	e activity has	been completed,	che							y conditio	n.				
Person in charg	e:				Signat	ure:					Time:		Date:		
		SECURITY						E	STATE	S & CAI	PITAL	DEVELOR	MEN	Ţ	
		permit having bee cure and in a safe a			person							completed in safe and tidy		ance with this	
		Time:		Date:							Time:		Date:		

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO
		· · · · · · · · · · · · · · · · · · ·		hing and foot	wear?							YES		○ NO
Is additional	are all persons wearing appropriate clothing and footwear? additional edge protection required?													○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side III							, III U							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
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1		''''''		54(0.		11							Dute.	l

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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO
		· · · · · · · · · · · · · · · · · · ·		hing and foot	wear?							YES		○ NO
Is additional	are all persons wearing appropriate clothing and footwear? additional edge protection required?													○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side III							, III U							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
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Top Copy: Permit Issuer,	. Middle Copy: Security	Bottom Copy:	Permit Acceptor



Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>					
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	ner conditions	acceptable?	·								○ YES		○ NO
Are all persor	e the weather conditions acceptable? e all persons wearing appropriate clothing and footwear?												○ NO
Is additional e	e all persons wearing appropriate clothing and footwear? additional edge protection required?												○ NO
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								YES		O NO
	of falling mat	·									○ YES		O NO
	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO
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Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ					
			n and ensured that norisation form hav										
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:	
Organisation:			Permit Issuer:					Valid To):	Time:		Date:	
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION					
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
		-					_		$\neg \Box$			Т	
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>
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	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
		Гіте:	Date:							Time:		Date:	

Top Copy: Permit Issuer,	. Middle Copy: Security	Bottom Copy:	Permit Acceptor



Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>					
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	ner conditions	acceptable?	·								○ YES		○ NO
Are all persor	e the weather conditions acceptable? e all persons wearing appropriate clothing and footwear?												○ NO
Is additional e	e all persons wearing appropriate clothing and footwear? additional edge protection required?												○ NO
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								YES		O NO
	of falling mat	·									○ YES		O NO
	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO
•			equire access t				, fo	or the di	ıratior	of th			
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ					
			n and ensured that norisation form hav										
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:	
Organisation:			Permit Issuer:					Valid To):	Time:		Date:	
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION					
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
		-					_		$\neg \Box$			Т	
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
		Гіте:	Date:							Time:		Date:	

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	Has a Safe Operating Procedure (SOP) been developed for this activity? 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. HAZARDS AND PRECAUTIONS													
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable? YES NO YES NO														
Are the weat	re the weather conditions acceptable?													
	e all persons wearing appropriate clothing and footwear?													○ NO
Is additional	additional edge protection required?													○ NO
	additional edge protection required? personal fall arrest equipment required?													○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side UI							, III U							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
		Time:		Date:							Time:		Date:	
1		''''''		54(0.		11							Dute.	l

Top	Copy:	Permit	Issuer,	Middle	Copy	: Security	Bottom	Copy:	Permit.	Acceptor



Aston Unive	ersity		<u> </u>	ROOF ACCESS REQUEST FORM													
Organisation:	BAS		Permit Acceptor:					1st Esca	ape Route	:: NC	DRTH STAIRCASE						
Building:	NORTH W	VING	R	Roof Access Point:					2nd Eso	cape Rout	e: SO	SOUTH STAIRCASE VIA ROOF					
	The f	ollowing perso	ons	_		DRISED PE behalf of E			t NW R	oof Key	s from	Security.					
Gill Pilfo	old	◯ John P	en	nny	○ Ste	eve Wood	field	(David	d Evetts		Olo	hn Sp	ittle			
○ Ben Sta	nley	◯ John D	Οον	wning	○ Pa	ul Colema	an		Clive	McLeo	t	○ Pa	ul Sca	nlon			
RISK ASSESSMENT AND SAFE OPERATING PROCEDURE NB: The Manag Safety at Work amended) required to the control of																	
Has a suitable and sufficient risk assessment been undertaken for this activity? YES NO amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements																	
Has a Safe Op	perating Pr	ocedure (SOP)	be	een developed	d for th	his activity	/?		YES	С	NO	assessments must be sub Developmen	and meth mitted to t Departn				
				HAZ/	ARDS	AND PRE	CAUTIO	<u>ONS</u>				works comm	encing.				
Are all persoi	ns requirin	g roof access t	raiı	ned and comp	etent	:?						○ YES		○ NO			
Are the weat	her conditi	ions acceptabl	e?									○ YES		○ NO			
Are all persoi	e the weather conditions acceptable? e all persons wearing appropriate clothing and footwear?													○ NO			
Is additional	e all persons wearing appropriate clothing and footwear? additional edge protection required?													○ NO			
Is personal fa	ıll arrest eq	uipment requi	ire	 d?								○ YES		○ NO			
ls there a risk												○ YES		O NO			
		quipment (PPE	:) r	equired?								○ YES		○ NO			
		es or outlets or		·								YES		O NO			
•		n hazardous fu			h	eina occu	nied?					YES		ONO			
		any persons wi					•	om f	or the o	duration	of th						
		(1	Γhi	<u>EN</u> s person must		ENCY CO		_	the act	ivity)							
Name:				Position:						Contac	t No.:						
				AUTHOR	RISAT	ION AND	ACCEP'	TAN	CE								
		he above informa onditions of this a		n and ensured tha	at the ne	ecessary pre	cautions l	have b	oeen take								
Permit Accepto	r:			Signature:					Valid I	rom:	Time:		Date:				
Organisation:				Permit Issuer:					Valid ⁻	Го:	Time:		Date:				
				HANDBACK	(, REC	EIPT AND	CANC	ELLA	TION								
l confirm that th	e activity has	been completed,	che							y conditio	n.						
Person in charg	e:				Signat	ure:					Time:		Date:				
		SECURITY						E	STATE	S & CAI	PITAL	DEVELOR	MEN	Ţ			
		permit having bee cure and in a safe a			person							completed in safe and tidy		ance with this			
		Time:		Date:							Time:		Date:				

Top Copy: Permit Issuer,	. Middle Copy: Security	Bottom Copy:	Permit Acceptor



Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>					
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	ner conditions	acceptable?	·								○ YES		○ NO
Are all persor	e the weather conditions acceptable? e all persons wearing appropriate clothing and footwear?												○ NO
Is additional e	e all persons wearing appropriate clothing and footwear? additional edge protection required?												○ NO
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								YES		O NO
	of falling mat	·									○ YES		O NO
	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO
•			equire access t				, fo	or the di	ıratior	of th			
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ					
			n and ensured that norisation form hav										
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:	
Organisation:			Permit Issuer:					Valid To):	Time:		Date:	
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION					
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
		-					_		$\neg \Box$			Т	
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
		Гіте:	Date:							Time:		Date:	

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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	Has a Safe Operating Procedure (SOP) been developed for this activity? 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. HAZARDS AND PRECAUTIONS													
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable? YES NO YES NO														
Are the weat	re the weather conditions acceptable?													
	e all persons wearing appropriate clothing and footwear?													O NO
Is additional	additional edge protection required?													○ NO
	additional edge protection required? personal fall arrest equipment required?													○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side UI							, w III W							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
		Time:		Date:							Time:		Date:	
1		''''''		54(0.		11							Dute.	l

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity		<u>R</u>	OOF AC	CESS	REQU	JEST FO	<u>DF</u>	<u>RM</u>			000			
Organisation:	BAS		Per	mit Acceptor:					1st Escape Rou	ute:	NOR	TH STAIR	CASE		
Building:	NORTH WIN	G	Roc	of Access Point:	VIA N	IR03			2nd Escape Ro	ute:	SOU	TH STAIR	CASE	VIA ROOF	
	The follo	owing person	ns a	_		RISED PI		۵۲.	t NW Roof Ke	we f	rom S	ecurity			
Gill Pilfo		O John Pe				ve Wood			David Evet				ın Spi	ttle	
○ Ben Star	nley	◯ John D	owr	ning	(Pau	ıl Colema	an		Clive McLe	od		Paul Scanlon			
	RISI	K ASSESSMI	FNIT	AND SAFE	OPER	ATING D	ROCEDIIR	F				NB: The Mana	gement o	of Health and	
Has a suitable	e and sufficier							(YES () N	0	five or more e significant fin	uire that mployee dings of a	organisations with s record the assessments and	
Has a Safe Op	perating Proce	edure (SOP)	bee	n developed	d for th	is activity	y?	(YES ()N	0	must be subm	nd meth itted to I	ly at risk. Risk od statements Estates & Capital nent in advance of	
				HAZ	ARDS /	AND PRE	CAUTION	<u>S</u>				works comme	ncing.		
Are all persor	ns requiring ro	oof access tra	aine	ed and comp	oetent?	?						○ YES	(○ NO	
Are the weatl	her condition	s acceptable	?									○ YES	(○ NO	
Are all persor	ns wearing ap	propriate clo	othi	ng and foot	wear?							○ YES	(○ NO	
Is additional o	e all persons wearing appropriate clothing and footwear? additional edge protection required?									○ YES	(○ NO			
Is personal fa	ll arrest equip	ment requir	ed?	1								○ YES	(○ NO	
Is there a risk	of falling mat	terial?										○ YES	(○ NO	
Is Personal Pr	otective Equi	pment (PPE)	rec	quired?								○ YES		○ NO	
Are there any	ducts, flues o	or outlets on	the	roof?								○ YES		○ NO	
If yes, is there	a risk from h	azardous fur	nes	within the a	area be	ing occu	pied?					○ YES		○ NO	
Approximate	ely how many	persons will	rec	quire access	to the	roof/BAS	Clubroom	n fo	or the duration	on o	f this	activity?			
				ΕΛ	MERGE	NCY CO	NTACTS								
		(TI	nis p	person must				in 1	the activity)						
Name:				Position:					Cont	act l	No.:				
				AUTHOI	RISATI	ON AND	ACCEPTA	N	CE						
	ave verified the a														
Permit Acceptor	:		5	Signature:					Valid From:	Tin	ne:		Date:		
Organisation:			F	Permit Issuer:					Valid To:	Tin	ne:		Date:		
				HANDBACK	C, REC	EIPT ANI	CANCEL	LΑ	TION						
I confirm that the	e activity has bee	en completed, c								tion.					
									,					<u> </u>	
Person in charge					Signatu	ıre:				Tin	ne:		Date:		
		<u>ECURITY</u>						E	STATES & C	API	TAL D	EVELOP	MEN	Γ	
	eceipt of this peri t the area secure				person				nat the activity h area left secure						
		Time:		Date:						Tin	ne:		Date:		

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity		<u> </u>	ROOF AC	CES:	S REQU	<u>JEST I</u>	FOF	<u> </u>					
Organisation:	BAS		P	Permit Acceptor:					1st Esca	ape Route	:: NC	ORTH STAIR	RCASE	
Building:	NORTH W	VING	R	Roof Access Point:					2nd Escape Route: SO			OUTH STAIF	RCASE	VIA ROOF
	The f	ollowing perso	ons	_		DRISED PE behalf of E			t NW R	oof Key	s from	Security.		
Gill Pilfo	old	◯ John P	en	nny	○ Ste	eve Wood	field	(David	d Evetts		Olo	hn Sp	ittle
○ Ben Sta	nley	◯ John D	Οον	wning	○ Pa	ul Colema	an		Clive	McLeo	t	○ Pa	ul Sca	nlon
	<u> </u>	RISK ASSESSM	IEN	NT AND SAFE	OPER	RATING PI	ROCEDI	URE						of Health and tions 1999 (as
Has a suitable	e and suffic	cient risk asses	sm	nent been und	ertake	en for this	activity	?	YES	О	NO	five or more significant fi	employee ndings of	assessments and
Has a Safe Op	perating Pr	ocedure (SOP)	be	een developed	d for th	his activity	/?		YES	С	NO	assessments must be sub Developmen	and meth mitted to t Departn	ly at risk. Risk nod statements Estates & Capital nent in advance c
				HAZ/	ARDS	AND PRE	CAUTIO	<u>ONS</u>				works comm	encing.	
Are all persoi	ns requirin	g roof access t	raiı	ned and comp	etent	:?						○ YES		○ NO
Are the weat	her conditi	ions acceptabl	e?									○ YES		○ NO
Are all persoi	ns wearing	appropriate c	lot	hing and foot	wear?							○ YES		○ NO
Are all persons wearing appropriate clothing and footwear? Is additional edge protection required?												○ YES		○ NO
Is personal fa	ıll arrest eq	uipment requi	ire	 d?								○ YES		○ NO
ls there a risk												○ YES		O NO
		quipment (PPE	:) r	equired?								○ YES		○ NO
		es or outlets or		·								YES		O NO
•		n hazardous fu			h	eina occu	nied?					YES		ONO
		any persons wi					•	om f	or the o	duration	of th			
		(1	Γhi	<u>EN</u> s person must		ENCY CO		_	the act	ivity)				
Name:				Position:						Contac	t No.:			
				AUTHOR	RISAT	ION AND	ACCEP'	TAN	CE					
		he above informa onditions of this a		n and ensured tha	at the ne	ecessary pre	cautions l	have b	oeen take					
Permit Accepto	r:			Signature:					Valid I	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid ⁻	Го:	Time:		Date:	
				HANDBACK	(, REC	EIPT AND	CANC	ELLA	TION					
l confirm that th	e activity has	been completed,	che							y conditio	n.			
Person in charg	e:				Signat	ure:					Time:		Date:	
		SECURITY						E	STATE	S & CAI	PITAL	DEVELOR	MEN	Ţ
		permit having bee cure and in a safe a			person							completed in safe and tidy		ance with this
		Time:		Date:							Time:		Date:	

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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/ ISCOIT OTHE	1310)		MOOI ACC	<u>. L J J</u>	ILQU		ANIVI					
Organisation:	BAS		Permit Acceptor:				1st I	Scape Roi	ute: N	IORTH STAIR	CASE	
Building:	NORTH WIN	IG	Roof Access Point:	VIA N	IR03		2nd	Escape Ro	oute: S	OUTH STAIR	CASE	VIA ROOF
	The follo	owing persoi	All ns are authorise		RISED PE ehalf of B		ect NW	' Roof Ke	eys fro	m Security.		
Gill Pilfo	ld	O John Pe	enny	○ Ste	ve Woodf	field	○ Da	vid Evet	ts	Olol	nn Spi	ittle
O Ben Star	nley	O John De	owning	○ Pau	ıl Colema	n [⊜ Cli	ve McLe	od	○ Pa	ul Sca	nlon
	RIS	K ASSESSMI	ENT AND SAFE	OPER/	ATING PR	OCEDURE	E			NB: The Mana Safety at Wor		of Health and
Has a suitable	and sufficie	nt risk assess	ment been und	ertakeı	n for this	activity?	○ YE	S () NO	amended) red five or more e	quire that employee	organisations with s record the
			been developed				○ YE	S (ONO	identify those assessments must be subr	e especiall and meth nitted to I	assessments and ly at risk. Risk and statements Estates & Capital ment in advance of
			HAZA	RDS A	ND PRE	CAUTIONS	<u>S</u>			works commo	•	lent in advance of
Are all person	is requiring r	oof access tra	ained and comp	etent?						○ YES		○ NO
	are the weather conditions acceptable?											O NO
Are all person	all persons wearing appropriate clothing and footwear?											○ NO
Is additional e	dditional edge protection required?										-	○ NO
Is personal fal	II arrest equip	oment requir	ed?							○ YES	-	○ NO
Is there a risk	of falling ma	terial?								○ YES	- (○ NO
Is Personal Pr	otective Equi	ipment (PPE)	required?							○ YES	-	○ NO
Are there any	ducts, flues	or outlets on	the roof?							○ YES	(○ NO
If yes, is there	a risk from h	azardous fur	mes within the a	rea be	ing occup	oied?				○ YES	(○ NO
Approximate	ly how many	persons will	require access t	to the	roof/BAS	Clubroom	for th	e duratio	on of t	his activity?		
		/TI	EN his person must		NCY CON		a +b a =	ctivity)				
		(11	nis person must	not be	airectly	invoivea ir	n the a	ctivity)				
Name:			Position:					Cont	act No).: <u> </u>		
			AUTHOR	ISATI	ON AND	ACCEPTAI	NCE					
			on and ensured tha thorisation form ha									
Permit Acceptor	:		Signature:				Vali	d From:	Time:		Date:	
Organisation:			Permit Issuer:				Vali	d To:	Time:		Date:	
			HANDBACK	, RECE	IPT AND	CANCELL	ATIO	<u>N</u>				
I confirm that the	e activity has bee	en completed, c	hecked by myself ar	nd the a	rea left secu	re and in a sa	afe and	tidy condi	tion.			
Person in charge	e:			Signatu	re:				Time:		Date:	
	<u>S</u>	<u>ECURITY</u>					ESTA	TES & C	APITA	L DEVELOP	MEN	Ţ
			n informed that the nd tidy condition.	person						n completed in a safe and tidy o		
		Time:	Date:						Time:		Date:	

Tan Canara Daynait laguar	Middle Course Con	with Dattama Can	··· · Downsit Associate
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>					
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO
Are all persor	re all persons wearing appropriate clothing and footwear?										○ YES		○ NO
Is additional e	s additional edge protection required?										YES		○ NO
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								○ YES		O NO
	of falling mat										○ YES		O NO
	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO
•			equire access t				, fo	or the di	ıratior	of th			
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ					
			n and ensured that norisation form hav										
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:	
Organisation:			Permit Issuer:					Valid To):	Time:		Date:	
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION					
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
		-					_		$\neg \Box$			Т	
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
		Гіте:	Date:							Time:		Date:	

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ASTON ONIVE	ersity		ROOF ACC	.E33 I	REQU	ESI FU	KIVI					
Organisation:	BAS		Permit Acceptor:				1st Esc	ape Rout	e: N	ORTH STAIF	RCASE	
Building:	NORTH WIN	IG	Roof Access Point:				2nd Es	cape Rou	te: SC	OUTH STAIF	≀CASE	VIA ROOF
	The foll	owing perso	AL ns are authorised		SED PEI nalf of B		ect NW F	loof Key	s fror	n Security.		
Gill Pilfo	old	O John Pe	enny	○ Steve	e Woodf	ield	○ Davi	d Evetts	i	Olo	hn Spi	ttle
○ Ben Sta	nley	O John D	owning	○ Paul	Colemar	า	Clive	McLeo	d	○ Pa	ul Sca	nlon
	RIS	K ASSESSM	ENT AND SAFE (OPERAT	TING PR	OCEDURI	<u>E</u>					of Health and ions 1999 (as
Has a suitable	e and sufficie	nt risk assess	ment been unde	ertaken	for this a	activity?	○ YES	C	NO	amended) re five or more significant fir	equire that employee ndings of a	organisations with
Has a Safe Օր	perating Proc	edure (SOP)	been developed	for this	activity	?	YES	C	NO	assessments must be sub Developmen	and meth mitted to l nt Departm	od statements Estates & Capital nent in advance of
			<u>HAZA</u>	RDS AN	ND PREC	AUTIONS	<u>S</u>			works comm	encing.	
Are all persoi	ns requiring r	oof access tr	ained and comp	etent?						YES	(∩ NO
Are the weat			•							YES		∩ NO
		•		vear?						○ YES		○ NO
•	e all persons wearing appropriate clothing and footwear? additional edge protection required?											○ NO
	ll arrest equi									○ YES		○ NO
Is there a risk		•								YES		○ NO
Is Personal Pi			required?							O YES		○ NO
Are there any		·	·							○ YES		○NO
•				سنمط ممن		.: a d ?				1		
ii yes, is there	a risk irom r	iazardous iur	mes within the a	rea beir	ig occup	nea?				○ YES		○ NO
Approximate	ely how many	persons wil	require access t	o the ro	of/BAS (Clubroom	for the	duratio	n of th	nis activity?		
		(T	<u>EN</u> his person must		CY CON		n the ac	ivity)				
Name:			Position:					Conta	ct No.			
			AUTHOR	ISATIO	N AND A	ACCEPTA	NCE					
			ion and ensured that othorisation form hav	t the nece	ssary prec	autions have	e been tak					
Permit Accepto	r:		Signature:				Valid	From:	Time:		Date:	
Organisation:			Permit Issuer:				Valid	То:	Time:		Date:	
			HANDBACK	, RECEI	PT AND	CANCELL	ATION					
l confirm that th	e activity has be	en completed, c	hecked by myself an					y condition	on.			
Person in charg	e:			Signature	:				Time:		Date:	
	S	ECURITY					ESTATI	S & CA	PITAI	L DEVELOP	MEN	<u>r</u>
			n informed that the pand tidy condition.	oerson						completed in safe and tidy		ance with this on.
		Time:	Date:						Time:		Date:	

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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>					
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.	
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO
Are all persons wearing appropriate clothing and footwear?											YES		O NO	
Is additional edge protection required?												YES		○ NO
Is personal fall arrest equipment required?												YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che							conditio	n.			
January Side UI	confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.													
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
		Time:		Date:							Time:		Date:	
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Aston Unive	Aston University ROOF ACCESS REQUEST FORM													
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
works commencing. HAZARDS AND PRECAUTIONS														
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weather conditions acceptable?												YES		○ NO
	re all persons wearing appropriate clothing and footwear?											YES		O NO
Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side UI							, w III W							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
		Time:		Date:							Time:		Date:	
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS) ROOF ACCESS REQUEST FORM

REF:

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Organisation:	BAS		Permit Acceptor:				1st E	scape Rou	ite: N	NORTH STAIRCASE					
Building:	NORTH WIN	IG	Roof Access Point:	VIA N	IR03		2nd	scape Ro	ute: S	OUTH STAIF	RCASE	VIA ROOF			
	The follo	owing perso	Al ns are authorise		RISED PE ehalf of B		ect NW	Roof Ke	ys froi	m Security.					
Gill Pilfo	old	O John Pe	enny	○ Ste	ve Wood	field	○ Dav	id Evet	is	OJo	hn Spi	ttle			
○ Ben Star	nley	◯ John D	owning	○ Pau	ıl Colema	n	○ Cliv	e McLe	od	○ Pa	ul Sca	nlon			
	RIS	K ASSESSM	ENT AND SAFE	OPER/	ATING PF	ROCEDUR	<u>E</u>					of Health and ions 1999 (as			
Has a suitable	and sufficie	nt risk assess	ment been und	ertakeı	n for this	activity?	○ YES	() NO	amended) re five or more	quire that employee	organisations with s record the			
			been developed				O YES		ONO	identify thos assessments must be sub	e especial and meth mitted to l	assessments and ly at risk. Risk od statements Estates & Capital nent in advance of			
			HAZA	RDS A	ND PRE	CAUTIONS	<u>S</u>			works comm		iene iirudvunee or			
Are all persor	ns requiring re	oof access tr	ained and comp	etent?						YES		○ NO			
Are the weather conditions acceptable?												○ NO			
Are all persor	re all persons wearing appropriate clothing and footwear?											○ NO			
Is additional e	edge protecti	ion required	?							○ YES		○ NO			
Is personal fa	II arrest equip	oment requir	red?							○ YES					
Is there a risk	of falling ma	terial?								○ YES	(○ NO			
Is Personal Pr	otective Equi	ipment (PPE)	required?							○ YES	(○ NO			
Are there any	ducts, flues	or outlets on	the roof?							○ YES	(○ NO			
If yes, is there	a risk from h	nazardous fur	mes within the a	rea be	ing occu _l	oied?				○ YES	(○ NO			
Approximate	ely how many	persons wil	I require access t	to the	roof/BAS	Clubroom	for the	duratio	on of t	his activity?					
		(T	EN his person must		NCY CON		n the a	ctivity)							
Name:			Position:						act No	.:					
			AUTHOR	RISATIO	ON AND	ACCEPTA	NCE								
			ion and ensured tha othorisation form ha												
Permit Acceptor	:		Signature:				Valid	d From:	Time:		Date:				
Organisation:			Permit Issuer:				Valid	l То:	Time:		Date:				
			HANDBACK	, RECE	IPT AND	CANCELL	ATION	l							
I confirm that the	e activity has bee	en completed, c	hecked by myself ar	nd the a	rea left secu	ire and in a s	afe and t	dy condit	ion.						
Person in charge	2:			Signatu	re:				Time:		Date:				
	<u>S</u>	ECURITY					ESTA	ES & C	APITA	L DEVELOF	MEN	<u>r</u>			
			n informed that the nd tidy condition.	person						completed in safe and tidy		ance with this on.			
		Time:	Date:						Time:		Date:				

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Aston Unive	Aston University ROOF ACCESS REQUEST FORM													
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
works commencing. HAZARDS AND PRECAUTIONS														
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are the weather conditions acceptable?												YES		○ NO
	re all persons wearing appropriate clothing and footwear?											YES		O NO
Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)				
Name:				Position:						Contac	t No.:			
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE					
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:	
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:	
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION					
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
January Side III							, w III W							
Person in charg					Signat	ure:				_	Time:		Date:	
		SECURITY										DEVELOP		
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o		
		Time:		Date:							Time:		Date:	
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>							
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE			
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF		
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.				
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle		
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon		
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as		
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and		
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of		
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.			
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO		
Are the weather conditions acceptable?													○ NO		
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO		
Is additional e	edge protection	on required?									YES		○ NO		
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								-	YES ONO			
	of falling mat										○ YES		O NO		
	otective Equip		equired?								○ YES		○NO		
	ducts, flues o										○ YES		O NO		
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO		
•			equire access t				, fo	or the di	ıratior	of th					
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:				
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)						
Name:			Position:						Conta	ct No	.:				
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ							
			n and ensured that norisation form hav												
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:			
Organisation:			Permit Issuer:					Valid To):	Time:		Date:			
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION							
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.					
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>		
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ		
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy				
		Гіте:	Date:							Time:		Date:			

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Aston Unive	ersity		<u>K</u>	OUF ACC	.E33	KEQU	<u> 1631 </u>	<u>-U</u>	<u>KIVI</u>						
Organisation:	BAS		Per	rmit Acceptor:					1st Esca	ape Rout	e: NO	ORTH STAIR	CASE		
Building:	NORTH WI	NG	Roo	of Access Point:					2nd Eso	cape Rou	te: SC	OUTH STAIR	CASE	VIA ROOF	
	The fol	llowing perso	ons a	<u>Al</u> are authorised		NISED PE half of E			t NW R	oof Key	s fron	n Security.			
○ Gill Pilfo	old	◯ John F	enn	у	○ Stev	re Wood	field	() David	l Evetts		◯ Jol	nn Spi	ttle	
○ Ben Star	nley	O John [Dowi	ning	○ Paul	l Colema	ın		Clive	McLeo	d	○ Pa	ul Sca	nlon	
	RI	SK ASSESSM	1EN1	T AND SAFE (OPERA	TING PI	ROCEDI	<u>JRE</u>				NB: The Mana Safety at Wor	k Regulati	ions 1999 (as	
Has a suitable	e and suffici	ent risk asses	sme	nt been unde	ertaken	for this	activity	?	YES	С	NO	five or more e significant fin	mployee: dings of a	assessments and	
Has a Safe Op	perating Pro	cedure (SOP)	bee	n developed	for thi	s activity	<i>ı</i> ?		YES	С	NO	must be subn Development	and meth nitted to E Departm	ly at risk. Risk od statements Estates & Capital nent in advance o	
				HAZA	RDS A	ND PRE	CAUTIC	<u>NS</u>				works comme	ncing.		
Are all persor	ns requiring	roof access t	raine	ed and comp	etent?							○ YES	(○ NO	
Are the weatl	her conditio	ns acceptabl	e?									○ YES	(○ NO	
re all persons wearing appropriate clothing and footwear?												○ YES		○ NO	
Is additional e	edge protec	tion required	d?									○ YES		○ NO	
Is personal fa	II arrest equ	ipment requ	ired	?								O YES O NO			
Is there a risk												YES		○ NO	
Is Personal Pr			e) red	auired?								○ YES		○ NO	
Are there any												○ YES		○ NO	
•				s within the a	rea hei	חם טכנוו	nied?					YES		○NO	
11 yes, 15 there	. 4 1151(110111	Tiuzui Gous ic	111103	, within the a	ica bei	ng occu	pica.					I C I L S			
Approximate	ely how man	ny persons wi	ll red	quire access t	o the r	oof/BAS	Clubro	om fo	or the o	luration	n of th	is activity?			
		(This	<u>EM</u> person must		NCY COI directly		_	the act	vity)					
Name:				Position:						Conta	ct No.	:			
				AUTHOR	ISATIC	ON AND	ACCEP.	TAN	CE						
I confirm that I h the risk assessme				and ensured that	the nec	essary pre	cautions h	nave b	een tak						
Permit Acceptor	r:			Signature:					Valid I	rom:	Time:		Date:		
Organisation:				Permit Issuer:					Valid ⁻	Го:	Time:		Date:		
				HANDBACK	, RECF	IPT AND	CANCI	ELLA	TION	<u>'</u>					
I confirm that the	e activity has b	een completed,								/ condition	on.				
											-		ſ		
Person in charge	e:				Signatur	e:					Time:		Date:		
		SECURITY						<u>E</u>	STATE	S & CA	PITAL	. DEVELOP	MEN1	Γ	
l acknowledge re in charge has lef					oerson							completed in a safe and tidy o			
		Time:		Date:							Time:		Date:		

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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>							
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE			
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF		
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.				
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle		
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon		
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as		
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and		
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of		
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.			
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO		
Are the weather conditions acceptable?													○ NO		
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO		
Is additional e	edge protection	on required?									YES		○ NO		
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								-	YES ONO			
	of falling mat										○ YES		O NO		
	otective Equip		equired?								○ YES		○NO		
	ducts, flues o										○ YES		O NO		
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO		
•			equire access t				, fo	or the di	ıratior	of th					
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:				
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)						
Name:			Position:						Conta	ct No	.:				
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ							
			n and ensured that norisation form hav												
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:			
Organisation:			Permit Issuer:					Valid To):	Time:		Date:			
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION							
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.					
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>		
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ		
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy				
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Organisation:	BAS		Per	rmit Acceptor:					1st Esca	ape Rout	e: NO	ORTH STAIR	CASE		
Building:	NORTH WI	NG	Roo	of Access Point:					2nd Eso	cape Rou	ee: SOUTH STAIRCASE VIA ROOF				
	The fol	llowing perso	ons a	<u>Al</u> are authorised		NISED PE half of E			t NW R	oof Key	s fron	n Security.			
○ Gill Pilfo	old	◯ John F	enn	у	○ Stev	re Wood	field	() David	l Evetts		◯ Jol	nn Spi	ttle	
○ Ben Star	nley	O John [Dowi	ning	○ Paul	l Colema	ın		Clive	McLeo	d	○ Pa	ul Sca	nlon	
	RI	SK ASSESSM	1EN1	T AND SAFE (OPERA	TING PI	ROCEDI	<u>JRE</u>				NB: The Mana Safety at Wor	k Regulati	ions 1999 (as	
Has a suitable	e and suffici	ent risk asses	sme	nt been unde	ertaken	for this	activity	?	YES	С	NO	five or more e significant fin	mployee: dings of a	assessments and	
Has a Safe Op	perating Pro	cedure (SOP)	bee	n developed	for thi	s activity	<i>ı</i> ?		YES	С	NO	must be subn Development	and meth nitted to E Departm	ly at risk. Risk od statements Estates & Capital nent in advance o	
				HAZA	RDS A	ND PRE	CAUTIC	<u>NS</u>				works comme	ncing.		
Are all persor	ns requiring	roof access t	raine	ed and comp	etent?							○ YES	(○ NO	
Are the weatl	her conditio	ns acceptabl	e?									○ YES	(○ NO	
Are all persor	ns wearing a	ppropriate c	lothi	ing and footv	vear?							○ YES		○ NO	
Is additional e	edge protec	tion required	d?									○ YES		○ NO	
Is personal fa	II arrest equ	ipment requ	ired	?								○ YES ○ NO			
Is there a risk												YES		○ NO	
Is Personal Pr			e) red	auired?								○ YES		○ NO	
Are there any												○ YES		○ NO	
•				s within the a	rea hei	חם טכנוו	nied?					YES		○NO	
11 yes, 15 there	. 4 1151(110111	Tiuzui Gous ic	111103	, within the a	ica bei	ng occu	pica.					I C I L S			
Approximate	ely how man	ny persons wi	ll red	quire access t	o the r	oof/BAS	Clubro	om fo	or the o	luration	n of th	is activity?			
		(This	<u>EM</u> person must		NCY COI directly		_	the act	vity)					
Name:				Position:						Conta	ct No.	:			
				AUTHOR	ISATIC	ON AND	ACCEP.	TAN	CE						
I confirm that I h the risk assessme				and ensured that	the nec	essary pre	cautions h	nave b	een tak						
Permit Acceptor	r:			Signature:					Valid I	rom:	Time:		Date:		
Organisation:				Permit Issuer:					Valid ⁻	Го:	Time:		Date:		
				HANDBACK	, RECF	IPT AND	CANCI	ELLA	TION	<u>'</u>					
I confirm that the	e activity has b	een completed,								/ condition	on.				
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Person in charge	e:				Signatur	e:					Time:		Date:		
		SECURITY						<u>E</u>	STATE	S & CA	PITAL	. DEVELOP	MEN1	Γ	
l acknowledge re in charge has lef					oerson							completed in a safe and tidy o			
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Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	IORTH STAIRCASE			
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF	
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.			
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle	
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon	
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl			
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit	
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o	
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Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO	
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO	
	re the weather conditions acceptable? re all persons wearing appropriate clothing and footwear?											YES		○ NO	
Is additional	s additional edge protection required?													○ NO	
		ipment requ		d?								YES		○ NO	
Is there a risk												YES		O NO	
		uipment (PPI	=) re	equired?								YES		ONO	
		s or outlets o										YES		○NO	
•				es within the	area h	eina occur	nied?					O YES		○NO	
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS			
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?			
		(*	This	<u>El</u> s person mus		ENCY CON be directly i		in t	the activ	/ity)					
Name:				Position:						Contac	t No.:				
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE						
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker						
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:		
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I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.				
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>						
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE		
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF	
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.			
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle	
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon	
	RISE	(ASSESSME	NT AND SAFE (OPERA 1	TING PRO	OCEDUR	E						of Health and ions 1999 (as	
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and	
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of	
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Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO	
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO	
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO	
Is additional e	edge protection	on required?									YES		○ NO	
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								YES ONO			
	of falling mat										○ YES		O NO	
	otective Equip		equired?								○ YES		○NO	
	ducts, flues o										○ YES		O NO	
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Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:			
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Name:			Position:						Conta	ct No	.:			
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Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:		
Organisation:			Permit Issuer:					Valid To):	Time:		Date:		
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I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.				
		-					_		$\neg \Box$			Т		
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>	
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	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy			
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Aston Unive	ersity		ROOF ACCESS REQUEST FORM								007			
Organisation:	BAS		Permit Acceptor:					1st Escape Rou	te:	NORT	H STAIR	CASE		
Building:	NORTH WING		Roof Access Point:	VIA N	IR03			2nd Escape Rou	ıte:	SOUT	H STAIR	CASE	VIA ROOF	
	The follow	wing persor	Ans are authorise		RISED PER		act	NW Roof Ke	uc fr	om Sa	curity			
○ Gill Pilfo		John Pe			ve Woodfi		_) David Evett			Joh	n Sni	ittle	
Gill Fillo	nu .	Coomine	ETTITY	() ste	ve woodii	eiu		David Evett			0 101	iii əpi	ittle	
○ Ben Star	nley	O John Do	owning	∩ Pau	ıl Colemar	1	С	Clive McLec	d		○ Pau	ıl Sca	nlon	
	RISK	ASSESSME	ENT AND SAFE	OPER/	ATING PR	OCEDUR	E				NB: The Management of Health and Safety at Work Regulations 1999 (as			
Has a suitable	e and sufficient	t risk assess	ment been und	lertake	n for this a	ctivity?	С	YES () NC) :	ive or more e significant fine	mployee dings of a	organisations with s record the assessments and ly at risk. Risk	
Has a Safe Op	perating Proced	dure (SOP) l	been developed	d for th	is activity?		C	YES ()NC)	assessments a must be subm	nd meth litted to I Departm	od statements Estates & Capital nent in advance of	
			HAZ	ARDS A	AND PREC	AUTION	<u>S</u>				WORKS COMMINE	ncing.		
Are all persor	ns requiring roo	of access tra	ained and comp	etent?	•						○ YES	(○ NO	
Are the weatl	ner conditions	acceptable	?								YES	(○ NO	
Are all persor	ns wearing app	ropriate clo	othing and foot	wear?							YES	(○ NO	
Is additional e	edge protectio	n required?	?								YES	(○ NO	
Is personal fa	ll arrest equipr	ment requir	ed?								YES	(○ NO	
Is there a risk	of falling mate	erial?									○ YES	(○ NO	
Is Personal Pr	otective Equip	ment (PPE)	required?								○ YES	(○ NO	
Are there any	ducts, flues or	r outlets on	the roof?								○ YES	(○ NO	
If yes, is there	a risk from ha	zardous fur	mes within the a	area be	ing occup	ied?					YES	(○ NO	
Approximate	ely how many p	oersons will	require access	to the	roof/BAS (lubroom	ı fo	r the duratio	n of	this a	ctivity?			
			<u>E1</u>	MERGE	NCY CON	TACTS								
		(Tł	his person must	not be	e directly i	nvolved i	n tl	he activity)						
Name:			Position:					Conta	ict N	o.:				
			AUTHO	RISATI	ON AND A	CCEPTA	NC	Œ						
			on and ensured that thorisation form ha											
Permit Acceptor	:		Signature:				,	Valid From:	Tim	e:		Date:		
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I confirm that the	e activity has been	completed, c	hecked by myself a						on.					
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	eceipt of this perm t the area secure a		n informed that the nd tidy condition.	person				at the activity ha						
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Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	IORTH STAIRCASE			
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF	
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.			
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle	
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon	
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl			
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit	
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o	
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Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO	
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO	
	re the weather conditions acceptable? re all persons wearing appropriate clothing and footwear?											YES		○ NO	
Is additional	s additional edge protection required?													○ NO	
		ipment requ		d?								YES		○ NO	
Is there a risk												YES		O NO	
		uipment (PPI	=) re	equired?								YES		ONO	
		s or outlets o										YES		○NO	
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Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?			
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Name:				Position:						Contac	t No.:				
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE						
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker						
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:		
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:		
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I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.				
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I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o			
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Aston Unive	ersity			ROOF AC	CES:	S REQU	EST FO	<u>J</u> F	<u> </u>						
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	IORTH STAIRCASE			
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF	
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.			
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle	
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon	
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl			
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit	
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o	
				HAZ	ARDS	AND PREC	CAUTION	<u>IS</u>				works comme	ncing.		
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO	
Are the weat	her condition	ons acceptab	e?	<u> </u>								YES		○ NO	
	re the weather conditions acceptable? re all persons wearing appropriate clothing and footwear?											YES		○ NO	
Is additional	s additional edge protection required?													○ NO	
		ipment requ		d?								YES		○ NO	
Is there a risk												YES		O NO	
		uipment (PPI	=) re	equired?								YES		ONO	
		s or outlets o										YES		○NO	
•				es within the	area h	eina occur	nied?					O YES		○NO	
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Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?			
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Name:				Position:						Contac	t No.:				
				AUTHO	RISAT	ION AND	ACCEPT <i>E</i>	١N	CE						
				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker						
Permit Accepto	r:			Signature:					Valid F	rom:	Time:		Date:		
Organisation:				Permit Issuer:					Valid To	0:	Time:		Date:		
				HANDBACI	K. RFC	FIPT AND	CANCEL	ΙΔ	TION						
I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.				
January Side III							, w III W								
Person in charg					Signat	ure:				_	Time:		Date:		
		SECURITY										DEVELOP			
I acknowledge re in charge has lef				nformed that the tidy condition.	e person							completed in a safe and tidy o			
		Time:		Date:							Time:		Date:		
1		''''''		54(0.		11							Dute.	l	

Top Copy: Permit Issuer, Mid	Idle Copy: Security	Bottom Copy:	Permit Acceptor



Aston Unive	ton University ROOF ACCESS REQUEST FORM												
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA 1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO
Are all persons wearing appropriate clothing and footwear?											○ YES		○ NO
Is additional edge protection required?												○ NO	
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								○ YES		O NO
	of falling mat										○ YES		O NO
	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO
•			equire access t				, fo	or the di	ıratior	of th			
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ					
			n and ensured that norisation form hav										
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:	
Organisation:			Permit Issuer:					Valid To):	Time:		Date:	
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION					
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
Person in charge	Person in charge: Signature: Time: Date:												
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
Time: Date: Time:								Date:					

Top Copy: Permit Issuer,	. Middle Copy: Security	Bottom Copy:	Permit Acceptor



Aston Unive	ton University ROOF ACCESS REQUEST FORM												
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO
Are all persons wearing appropriate clothing and footwear?											○ YES		○ NO
Is additional edge protection required?												○ NO	
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								○ YES		O NO
	of falling mat	·									○ YES		O NO
	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO
•			equire access t				, fo	or the di	ıratior	of th			
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ					
			n and ensured that norisation form hav										
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:	
Organisation:			Permit Issuer:					Valid To):	Time:		Date:	
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION					
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
Person in charge	Person in charge: Signature: Time: Date:												
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
Time: Date: Time:								Date:					

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Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO
Are all persons wearing appropriate clothing and footwear?											○ YES		○ NO
Is additional edge protection required?												○ NO	
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								○ YES		O NO
	of falling mat	·									○ YES		O NO
	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO
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Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ					
			n and ensured that norisation form hav										
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:	
Organisation:			Permit Issuer:					Valid To):	Time:		Date:	
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION					
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
Person in charge	Person in charge: Signature: Time: Date:												
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
Time: Date: Time:								Date:					

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Organisation:	BAS		Permit Acceptor:				1st Esc	ape Rout	te: N	ORTH STAIF	RCASE	
Building:	NORTH WIN	G	Roof Access Point:				2nd Es	cape Rou	ıte: SC	OUTH STAIR	CASE	VIA ROOF
	The follo	owing perso	AL ns are authorised	JTHORIS d on beh			ect NW F	oof Key	ys fror	n Security.		
Gill Pilfo	old	O John Pe	enny	○ Steve	Woodfi	eld	○ Davi	d Evett	S	○ Jol	hn Spi	ttle
○ Ben Star	nley	◯ John D	owning	O Paul C	Coleman	ı	Clive	McLec	od	○ Pa	ul Sca	nlon
	RIS	K ASSESSM	ENT AND SAFE (OPERAT	ING PR	OCEDURI	<u>E</u>			NB: The Mana Safety at Wor		of Health and
Has a suitable	e and sufficie	nt risk assess	ment been unde	ertaken f	or this a	ctivity?	○ YES) NO	amended) re- five or more e	quire that employees ndings of a	organisations with s record the sssessments and
Has a Safe Op	perating Proce	edure (SOP)	been developed	for this a	activity?		YES)NO	assessments must be subr Developmen	and metho mitted to E t Departm	od statements Estates & Capital Jent in advance of
			<u>HAZA</u>	RDS AN	D PREC	AUTION:	<u>S</u>			works comm	encing.	
Are all persor	ns requiring re	oof access tr	ained and compe	etent?						○ YES	(○ NO
Are the weatl			•							YES		○ NO
Are all persons wearing appropriate clothing and footwear?												○ NO
•	Are all persons wearing appropriate clothing and footwear? s additional edge protection required? OYES NO YES NO											
	Il arrest equip	<u>.</u>								○ YES		O NO
Is there a risk		· · · · · · · · · · · · · · · · · · ·								YES		○ NO
	otective Equi		required?							○ YES		O NO
Are there any			· ·							YES		O NO
			mes within the a	rea being	a occup	ied?				○ YES		○ NO
			require access t				for the	duratio	n of th			
		/=		IERGEN				• • • •				
		(1)	his person must	not be d	irectly ir	nvolved II	n the act	ivity)				
Name:			Position:					Conta	ct No.	:		
			AUTHOR	ISATION	AND A	CCEPTA	NCE					
			ion and ensured that othorisation form hav									
Permit Acceptor	r:		Signature:				Valid	From:	Time:		Date:	
Organisation:			Permit Issuer:				Valid	То:	Time:		Date:	
			HANDBACK	, RECEIP	T AND	CANCELL	ATION					
I confirm that the	Confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.											
Person in charge	e:			Signature:			_		Time:		Date:	
	<u>S</u>	<u>ECURITY</u>					ESTATE	S & CA	PITAI	DEVELOP	MENT	<u>r</u>
			n informed that the pand tidy condition.	person						completed in safe and tidy		ance with this on.
Time: Date: Time:									Date:			

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/ ISCOIT OTHE	1310)		MOOI ACC	<u>. L J J</u>	ILQU		ANIVI					
Organisation:	BAS		Permit Acceptor:				1st I	Scape Roi	ute: N	IORTH STAIR	CASE	
Building:	NORTH WIN	IG	Roof Access Point:	VIA N	IR03		2nd	Escape Ro	oute: S	OUTH STAIR	CASE	VIA ROOF
	The follo	owing persoi	All ns are authorise		RISED PE ehalf of B		ect NW	' Roof Ke	eys fro	m Security.		
Gill Pilfo	ld	O John Pe	enny	○ Ste	ve Woodf	field	○ Da	vid Evet	ts	Olol	nn Spi	ittle
O Ben Star	nley	O John De	owning	○ Pau	ıl Colema	n [⊜ Cli	ve McLe	od	○ Pa	ul Sca	nlon
	RIS	K ASSESSMI	ENT AND SAFE	OPER/	ATING PR	OCEDURE	E			NB: The Mana Safety at Wor		of Health and
Has a suitable	and sufficie	nt risk assess	ment been und	ertakeı	n for this	activity?	○ YE	S () NO	amended) red five or more e	quire that employee	organisations with s record the
			been developed				○ YE	S (ONO	identify those assessments must be subr	e especiall and meth nitted to I	assessments and ly at risk. Risk and statements Estates & Capital ment in advance of
			HAZA	RDS A	ND PRE	CAUTIONS	<u>S</u>			works commo	•	lent in advance of
Are all person	is requiring r	oof access tra	ained and comp	etent?						○ YES		○ NO
Are the weather conditions acceptable?												
Are all persons wearing appropriate clothing and footwear?										YES		○ NO
											○ NO	
Is personal fal	II arrest equip	oment requir	ed?							○ YES	-	○ NO
Is there a risk	of falling ma	terial?								○ YES	- (○ NO
Is Personal Pr	otective Equi	ipment (PPE)	required?							○ YES	-	○ NO
Are there any	ducts, flues	or outlets on	the roof?							○ YES	(○ NO
If yes, is there	a risk from h	azardous fur	mes within the a	rea be	ing occup	oied?				○ YES	(○ NO
Approximate	ly how many	persons will	require access t	to the	roof/BAS	Clubroom	for th	e duratio	on of t	his activity?		
		/TI	EN his person must		NCY CON		a +b a =	ctivity)				
		(11	nis person must	not be	airectly	invoivea ir	n the a	ctivity)				
Name:			Position:					Cont	act No).: <u> </u>		
			AUTHOR	ISATI	ON AND	ACCEPTAI	NCE					
			on and ensured tha thorisation form ha									
Permit Acceptor	:		Signature:				Vali	d From:	Time:		Date:	
Organisation:			Permit Issuer:				Vali	d To:	Time:		Date:	
			HANDBACK	, RECE	IPT AND	CANCELL	ATIO	<u>N</u>				
I confirm that the	e activity has bee	en completed, c	hecked by myself ar	nd the a	rea left secu	re and in a sa	afe and	tidy condi	tion.			
Person in charge	erson in charge: Signature: Time: Date:											
	<u>S</u>	<u>ECURITY</u>					ESTA	TES & C	APITA	L DEVELOP	MEN	Ţ
			n informed that the and tidy condition.	person						n completed in a safe and tidy o		
		Time:	Date:						Time:		Date:	

Top Copy: Permit Issuer,	. Middle Copy: Security	Bottom Copy:	Permit Acceptor



Aston Unive	ston University ROOF ACCESS REQUEST FORM													
Organisation:	BAS		Permit Acceptor:					1st Esca	pe Route	e: N	ORTH STA	IRCASE	:	
Building:	NORTH WIN	G	Roof Access Point:					2nd Esc	ape Rout	te: SO	OUTH STA	RCASE	VIA ROOF	
	The follo	owing persoi	<u>Al</u> ns are authorise		RISED PEI ehalf of B <i>i</i>		lect	t NW Ro	of Key	s fror	n Security			
Gill Pilfo		O John Pe	1 [ve Woodf) David			, <u> </u>	ohn Sp	ittle	
◯ Ben Star	nley	O John De	owning	○ Paul	l Colemar	1		Clive	McLeo	d	Paul Scanlon			
	RIS	K ASSESSMI	ENT AND SAFE	OPERA	TING PR	OCEDUF	<u>RE</u>						of Health and tions 1999 (as	
Has a suitable	e and sufficier	nt risk assess	ment been und	ertaken	n for this a	ctivity?		YES	С	NO	amended) five or mor significant	require that e employee findings of	t organisations with es record the assessments and	
Has a Safe Op	perating Proce	edure (SOP) l	been developed	for thi	s activity?	•		YES	С	NO	assessmen must be su Developme	ts and meth bmitted to ent Departn	lly at risk. Risk nod statements Estates & Capital nent in advance of	
			HAZA	RDS A	ND PREC	AUTION	<u>IS</u>				works com	nencing.		
Are all persor	ns requiring ro	oof access tra	ained and comp	etent?							○ YES		○ NO	
Are the weatl	her condition	s acceptable	<u>.</u> ?								○ YES		○ NO	
Are all persons wearing appropriate clothing and footwear?											○ NO			
s additional edge protection required?														
Is personal fa	s personal fall arrest equipment required?													
Is there a risk	of falling mat	terial?									YES		○ NO	
	otective Equi		required?								YES		○ NO	
	ducts, flues o		•								○ YES		○ NO	
•			mes within the a	rea bei	na occur	ied?					○ YES		○ NO	
•			require access t				n fo	or the d	uratior	of th				
		(T.	EN his person must		NCY CON		in t	tho acti	vity)					
Name:		(11	Position:	TIOC DE	- unectiy i			-	Contac	t No	:			
			AUTHOR	IS A TIC	JN AND A	CCEDT/	\ NI	CE						
			ion and ensured tha thorisation form ha	t the nec	essary prec	autions ha	ve b	een take						
Permit Acceptor	r:		Signature:					Valid F	rom:	Time:		Date:		
Organisation:			Permit Issuer:					Valid T	o:	Time:		Date:		
			HANDBACK	. RECE	IPT AND	CANCEL	LA.	TION						
I confirm that the	e activity has bee	en completed, c	hecked by myself ar						conditio	n.				
Person in charge				Signatur	re:					Time:		Date:		
		ECURITY									L DEVELO			
			n informed that the nd tidy condition.	person							completed in safe and tidy		ance with this on.	
Time: Date:									Date:					

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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>							
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE			
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF		
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.				
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle		
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon		
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as		
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with record the assessments and		
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of		
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.			
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO		
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO		
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO		
Is additional e	edge protection	on required?									YES		○ NO		
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								-	OYES ONO			
	of falling mat										○ YES		O NO		
	otective Equip		equired?								○ YES		○NO		
	ducts, flues o										○ YES		O NO		
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO		
•			equire access t				, fo	or the di	ıratior	of th					
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:				
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)						
Name:			Position:						Conta	ct No	.:				
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ							
			n and ensured that norisation form hav												
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:			
Organisation:			Permit Issuer:					Valid To):	Time:		Date:			
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION							
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.					
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>		
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ		
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy				
		Гіте:	Date:							Time:		Date:			

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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>							
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE			
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF		
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.				
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle		
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon		
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as		
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with s record the assessments and		
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of		
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.			
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO		
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO		
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO		
Is additional e	edge protection	on required?									YES		○ NO		
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								-	OYES ONO			
	of falling mat										○ YES		O NO		
	otective Equip		equired?								○ YES		○NO		
	ducts, flues o										○ YES		O NO		
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO		
•			equire access t				, fo	or the di	ıratior	of th					
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:				
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)						
Name:			Position:						Conta	ct No	.:				
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ							
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Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:			
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			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION							
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.					
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>		
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ		
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy				
		Гіте:	Date:							Time:		Date:			

Top Copy: Permit Issuer,	. Middle Copy: Security	Bottom Copy:	Permit Acceptor



Aston Unive	ton University <u>ROOF ACCESS REQUEST FORM</u>													
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
works commencing. HAZARDS AND PRECAUTIONS														
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable?												YES		○ NO
Are all persons wearing appropriate clothing and footwear?											YES		○ NO	
Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
11 yes, 15 there	2 4 1131(110111	Tidzaraous it	41110	23 WILLIAM CITE		emig occup	ncu.					U ILS		
Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
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Name:				Position:						Contac	t No.:			
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				and ensured the	at the n	ecessary prec	autions hav	ve k	oeen taker					
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I confirm that th	e activity has h	peen completed	che	cked by myself a						conditio	n.			
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Aston Unive	ton University <u>ROOF ACCESS REQUEST FORM</u>													
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
works commencing. HAZARDS AND PRECAUTIONS														
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable?												YES		○ NO
Are all persons wearing appropriate clothing and footwear?											YES		○ NO	
Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
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Name:				Position:						Contac	t No.:			
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Person in charg					Signat	ure:				_	Time:		Date:	
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Aston Unive	ton University <u>ROOF ACCESS REQUEST FORM</u>													
Organisation:	BAS		P	ermit Acceptor:					1st Esca	oe Route	: NC	ORTH STAIR	CASE	
Building:	NORTH W	ING	R	oof Access Point					2nd Esca	ape Rout	e: SC	UTH STAIR	CASE	VIA ROOF
	The fo	llowing perso	ons	<u>A</u> are authorise		DRISED PE Dehalf of B		lec	t NW Ro	of Key	s from	n Security.		
Gill Pilfo		◯ John F			_	eve Woodf) David			Olok	ın Spi	ittle
◯ Ben Sta	nley	◯ John [Dov	vning	○ Pa	ul Colema	n		Clive N	McLeo	d	◯ Pau	ul Sca	nlon
	<u>R</u>	ISK ASSESSN	1EN	IT AND SAFE	OPER	RATING PR	OCEDUR	<u>RE</u>				NB: The Mana Safety at Worl		
Has a suitable	e and suffici	ent risk asses	sm	ent been und	dertak	en for this	activity?		YES	C	NO	amended) red five or more e	uire that mployee	organisations wit
Has a Safe Op	perating Pro	ocedure (SOP)) be	een develope	d for tl	his activity	?		YES	C	NO	must be subm Development	and meth nitted to I Departm	ly at risk. Risk ood statements Estates & Capital nent in advance o
works commencing. HAZARDS AND PRECAUTIONS														
Are all persoi	ns requiring	roof access t	rair	ned and com	petent	·?						YES	1	○ NO
Are all persons requiring roof access trained and competent? Are the weather conditions acceptable?												YES		○ NO
Are all persons wearing appropriate clothing and footwear?											YES		○ NO	
Is additional	edge protec	ction required	d?									YES		○ NO
		ipment requ		d?								YES		○ NO
Is there a risk												YES		O NO
		uipment (PPI	=) re	equired?								YES		ONO
		s or outlets o										YES		○NO
•				es within the	area h	eina occur	nied?					O YES		○NO
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Approximate	ely how mar	ny persons w	ill re	equire access	to the	roof/BAS	Clubroon	n fo	or the d	uratior	of th	is activity?		
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Name:				Position:						Contac	t No.:			
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Aston Unive	ersity		ROOF ACC	ESS I	REQUI	EST FC	<u>)R</u>	<u>M</u>							
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE			
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF		
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.				
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle		
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon		
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as		
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with s record the assessments and		
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of		
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.			
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO		
Are the weatl	her conditions	acceptable?	·								○ YES		○ NO		
Are all persor	ns wearing ap	propriate clot	hing and footw	vear?							○ YES		○ NO		
Is additional e	edge protection	on required?									YES		○ NO		
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								-	OYES ONO			
	of falling mat										○ YES		O NO		
	otective Equip		equired?								○ YES		○NO		
	ducts, flues o										○ YES		O NO		
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO		
•			equire access t				, fo	or the di	ıratior	of th					
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Name:			Position:						Conta	ct No	.:				
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Organisation:			Permit Issuer:					Valid To):	Time:		Date:			
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION							
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.					
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>		
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ		
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy				
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Aston Unive	ersity		ROOF AC	CE22	KEQUI	<u> </u>	<u> IKIVI</u>					
Organisation:	BAS		Permit Acceptor:				1st Esc	ape Route	:: NC	ORTH STAIR	CASE	
Building:	NORTH WIN	NG	Roof Access Point				2nd Es	cape Rout	e: SO	UTH STAIR	CASE	VIA ROOF
	The fol	lowing persor	ns are authorise		ISED PER half of BA		ect NW R	oof Key	s from	Security.		
○ Gill Pilfo	old	O John Pe	enny	○ Stev	e Woodfi	eld	O Davi	d Evetts		◯ Joh	ın Spi	ttle
○ Ben Star	nley	O John De	owning	○ Paul	Coleman	١	Clive	McLeo	t	○ Pau	ıl Scaı	nlon
	RIS	K ASSESSM	ENT AND SAFE	OPERA	TING PRO	OCEDUR	<u>E</u>			NB: The Mana	Regulati	ons 1999 (as
Has a suitable	e and sufficie	ent risk assess	ment been und	dertaken	for this a	ctivity?	○ YES	О	NO	five or more e	mployees dings of a	ssessments and
Has a Safe Op	perating Prod	cedure (SOP)	been develope	d for this	activity?		YES	С	NO	must be subm	nd metho nitted to E Departm	y at risk. Risk od statements Estates & Capital ent in advance of
			HAZ	ARDS A	ND PREC	AUTION:	<u>S</u>			works comme	ncing.	
Are all persor	ns requiring	roof access tra	ained and comp	petent?						○ YES	(ONO
Are the weather conditions acceptable?									○ YES	(ONO	
Are all persor	ns wearing a	ppropriate clo	othing and foot	wear?						○ YES	(ONO
Is additional	edge protect	tion required	?							○ YES	(ONO
Is personal fa	II arrest equi	pment requir	red?							○ YES	(ONO
Is there a risk	of falling ma	aterial?								YES	(ONO
Is Personal Pr	otective Equ	ipment (PPE)) required?							○ YES	(ONO
Are there any	ducts, flues	or outlets on	the roof?							YES	(ONO
If yes, is there	a risk from l	nazardous fur	mes within the	area beii	ng occup	ied?				YES	(ONO
Approximate	ely how man	y persons will	l require access	to the ro	oof/BAS (lubroom	for the	duration	of th	is activity?		
		(TI	<u>E</u> I his person mus		ICY CON		n the act	ivity)				
Name:			Position:					Contac	t No.:			
			AUTHO	RISATIO	N AND A	CCEPTA	NCE					
			ion and ensured that athorisation form ha									
Permit Acceptor	r:		Signature:				Valid	From:	Time:		Date:	
Organisation:			Permit Issuer:				Valid	Го:	Time:		Date:	
			HANDBACI	K, RECEI	PT AND	CANCELI	LATION					
I confirm that th	e activity has be	een completed, c	checked by myself a	and the are	ea left secur	e and in a s	afe and tid	y conditio	n.			
Person in charge	Person in charge: Signature: Time: Date:											
		SECURITY					ESTATE	S & CAI	PITAL	DEVELOP	MENT	<u> </u>
			n informed that the nd tidy condition.	eperson						completed in a safe and tidy o		
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS) ROOF ACCESS REQUEST FORM

REF:

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Organisation:	BAS		Permit Acceptor:				1st E	scape Rou	ite: N	ORTH STAII	RCASE	
Building:	NORTH WIN	IG	Roof Access Point:	VIA N	IR03		2nd	scape Ro	ute: S	OUTH STAIF	RCASE	VIA ROOF
	The follo	owing perso	Al ns are authorise		RISED PE ehalf of B		ect NW	Roof Ke	ys froi	m Security.		
Gill Pilfo	old	O John Pe	enny	○ Ste	ve Wood	field	○ Dav	id Evet	is	OJo	hn Spi	ttle
○ Ben Star	nley	◯ John D	owning	○ Pau	ıl Colema	n	○ Cliv	e McLe	od	○ Pa	ul Sca	nlon
	RIS	K ASSESSM	ENT AND SAFE	OPER/	ATING PF	ROCEDUR	<u>E</u>					of Health and ions 1999 (as
Has a suitable	and sufficie	nt risk assess	ment been und	ertakeı	n for this	activity?	○ YES	() NO	amended) re five or more	quire that employee	organisations with s record the
			been developed				O YES		ONO	identify thos assessments must be sub	e especial and meth mitted to l	assessments and ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS A	ND PRE	CAUTIONS	<u>S</u>			works comm		iene iirudvunee or
Are all persor	ns requiring re	oof access tr	ained and comp	etent?						YES		○ NO
Are the weather conditions acceptable?										YES	(○ NO
Are all persons wearing appropriate clothing and footwear?										YES	(○ NO
Is additional e	edge protecti	ion required	?							○ YES		○ NO
Is personal fa	II arrest equip	oment requir	red?							○ YES		○ NO
Is there a risk	of falling ma	terial?								○ YES	(○ NO
Is Personal Pr	otective Equi	ipment (PPE)	required?							○ YES	(○ NO
Are there any	ducts, flues	or outlets on	the roof?							○ YES	(○ NO
If yes, is there	a risk from h	nazardous fur	mes within the a	rea be	ing occu _l	oied?				○ YES	(○ NO
Approximate	ely how many	persons wil	I require access t	to the	roof/BAS	Clubroom	for the	duratio	on of t	his activity?		
		(T	EN his person must		NCY CON		n the a	ctivity)				
Name:			Position:						act No	.:		
			AUTHOR	RISATIO	ON AND	ACCEPTA	NCE					
			ion and ensured tha othorisation form ha									
Permit Acceptor	:		Signature:				Valid	d From:	Time:		Date:	
Organisation:			Permit Issuer:				Valid	l То:	Time:		Date:	
			HANDBACK	, RECE	IPT AND	CANCELL	ATION	l				
I confirm that the	e activity has bee	en completed, c	hecked by myself ar	nd the a	rea left secu	ire and in a s	afe and t	dy condit	ion.			
Person in charge	2:			Signatu	re:				Time:		Date:	
	<u>S</u>	ECURITY					ESTA	ES & C	APITA	L DEVELOF	MEN	<u>r</u>
			n informed that the nd tidy condition.	person						completed in safe and tidy		ance with this on.
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Aston Unive	ersity		ROOF ACC	<u>CESS</u>	REQU	EST FO	<u>OR</u>	<u>RM</u>					
Organisation:	BAS		Permit Acceptor:					1st Esca	pe Route	e: N	ORTH STA	IRCASE	:
Building:	NORTH WIN	G	Roof Access Point:					2nd Esc	ape Rout	te: SO	OUTH STA	RCASE	VIA ROOF
	The follo	owing persoi	<u>Al</u> ns are authorise		RISED PEI ehalf of B <i>i</i>		lect	t NW Ro	of Key	s fror	n Security		
Gill Pilfo		O John Pe	1 [ve Woodf) David			, <u> </u>	ohn Sp	ittle
◯ Ben Star	nley	O John De	owning	○ Paul	l Colemar	1		Clive	McLeo	d	○ P	aul Sca	inlon
	RIS	K ASSESSMI	ENT AND SAFE	OPERA	TING PR	OCEDUF	<u>RE</u>						of Health and tions 1999 (as
Has a suitable	e and sufficier	nt risk assess	ment been und	ertaken	n for this a	ctivity?		YES	С	NO	amended) five or mor significant	require that e employee findings of	t organisations with es record the assessments and
Has a Safe Op	perating Proce	edure (SOP) l	been developed	for thi	s activity?	•		YES	С	NO	assessmen must be su Developme	ts and meth bmitted to ent Departn	lly at risk. Risk nod statements Estates & Capital nent in advance of
			HAZA	RDS A	ND PREC	AUTION	<u>IS</u>				works com	nencing.	
Are all persor	ns requiring ro	oof access tra	ained and comp	etent?							○ YES		○ NO
Are the weatl	her condition	s acceptable	<u>.</u> ?								○ YES		○ NO
Are all persons wearing appropriate clothing and footwear?										○ YES		○ NO	
Is additional edge protection required?													
Is personal fa	II arrest equip	ment requir	ed?								YES		○ NO
Is there a risk	of falling mat	terial?									YES		○ NO
	otective Equi		required?								YES		○ NO
	ducts, flues o		•								○ YES		○ NO
•			mes within the a	rea bei	na occur	ied?					○ YES		○ NO
•			require access t				n fo	or the d	uratior	of th			
		(T.	EN his person must		NCY CON		in t	tho acti	vity)				
Name:		(11	Position:	TIOC DE	- unectiy i			-	Contac	t No	:		
			AUTHOR	IS A TIC	JN AND A	CCEDT/	\ NI	CE					
			ion and ensured tha thorisation form ha	t the nec	essary prec	autions ha	ve b	een take					
Permit Acceptor	r:		Signature:					Valid F	rom:	Time:		Date:	
Organisation:			Permit Issuer:					Valid T	o:	Time:		Date:	
			HANDBACK	. RECE	IPT AND	CANCEL	LA.	TION					
I confirm that the	e activity has bee	en completed, c	hecked by myself ar						conditio	n.			
Person in charge				Signatur	re:					Time:		Date:	
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			n informed that the nd tidy condition.	person							completed in safe and tidy		ance with this on.
Time: Date: Time:									Date:				

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Aston University ROOF ACCESS REQUEST FORM														
Organisation:	BAS		Permit Acceptor:					1st Escape Rou	ıte:	NOR	TH STAIR	CASE		
Building:	NORTH WIN	G	Roof Access Point:	VIA NR	03			2nd Escape Ro	ute:	SOU	TH STAIR	CASE	VIA ROOF	
	The follo	wing porcor	Al ns are authorised		SED PER		oct.	· NIW Poof Ka	vic fr	om S	Cocurity			
○ Gill Pilfo		John Pe			Woodfi			David Evet		Om		n Spi	ttlo	
Gill Fillo	nu e	OJOIIITE	illiy	Sieve	vvoodii	eiu		David Evet			John	пэрі	ttle	
○ Ben Star	nley	O John Do	owning	○ Paul (Coleman	1	C	Clive McLe	od		O Paul Scanlon			
	RISI	(ASSESSME	ENT AND SAFE	OPERAT	TING PRO	OCEDUR	E				NB: The Manag Safety at Work	Regulati	ons 1999 (as	
Has a suitable	e and sufficier	nt risk assess	ment been unde	ertaken	for this a	ctivity?	C	YES () NO)	amended) require that organisations with five or more employees record the significant findings of assessments and			
Has a Safe Op	perating Proce	edure (SOP) l	peen developed	for this	activity?		C	YES ()NC)	identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance or			
			HAZA	RDS AN	ID PREC	AUTION:	<u>S</u>				works comme	ncing.		
Are all persor	ns requiring ro	of access tra	ained and comp	etent?							○ YES	() NO	
Are the weather conditions acceptable?										○ YES	(ONO		
Are all persons wearing appropriate clothing and footwear?										○ YES	(ONO		
Is additional edge protection required?											○ YES	(ONO	
Is personal fall arrest equipment required?											ONO			
Is there a risk	of falling mat	erial?									○ YES	(○ NO	
	otective Equi		required?								○ YES	() NO	
Are there any	ducts, flues c	or outlets on	the roof?								○ YES	(○ NO	
If yes, is there	a risk from ha	azardous fur	nes within the a	rea bein	g occup	ied?					○ YES	() NO	
Approximate	ely how many	persons will	require access t	o the ro	of/BAS C	Iubroom	fc	or the duration	on of	this	activity?			
		(Tł	<u>EM</u> nis person must		CY CON		n t	he activity)						
[(7) [<u> </u>		_				
Name:			Position:					Cont	act N	10::				
			AUTHOR	ISATIO	N AND A	CCEPTA	NC	<u>CE</u>						
			on and ensured that thorisation form hav											
Permit Acceptor	:		Signature:					Valid From:	Tim	e:		Date:		
Organisation:			Permit Issuer:					Valid To:	Tim	e:		Date:		
			HANDBACK	, RECFII	PT AND	CANCELL	_Α΄	TION			'			
l confirm that the	e activity has bee	n completed, c	hecked by myself an						tion.					
Person in charge	e:			Signature	:				Tim	e:		Date:		
	SI	CURITY					ES	STATES & CA	APIT	AL D	EVELOPI	MENT		
			n informed that the paid tidy condition.	person				at the activity h area left secure						
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Aston Unive	ston University ROOF ACCESS REQUEST FORM												
Organisation:	BAS		Permit Acceptor:					1st Escap	e Route	e: N	ORTH STAIF	==== RCASE	
Building:	NORTH WING	G I	Roof Access Point:	VIA NR				2nd Esca	pe Rou	te: SC	OUTH STAIF	:CASE	VIA ROOF
	The follo	wing person	<u>AL</u> s are authorised		ISED PER half of BA		ect	: NW Ro	of Key	s fror	n Security.		
Gill Pilfo		O John Per			e Woodfi		_) David			, <u> </u>	hn Spi	ittle
◯ Ben Star	nley	O John Do	wning	○ Paul	Coleman		C	Clive N	/IcLeo	d	○ Pa	ul Sca	nlon
	RISE	(ASSESSME	NT AND SAFE (OPERA1	TING PRO	OCEDUR	E						of Health and ions 1999 (as
Has a suitable	e and sufficien	ıt risk assessn	nent been unde	ertaken	for this a	ctivity?	C	YES	С	NO	amended) re five or more significant fir	quire that employee ndings of a	organisations with s record the assessments and
Has a Safe Op	erating Proce	dure (SOP) b	een developed	for this	activity?		C	YES	С	NO	assessments must be subi Developmen	and meth mitted to I t Departm	ly at risk. Risk od statements Estates & Capital nent in advance of
			HAZA	RDS AN	ND PREC	AUTION	<u>S</u>				works comm	encing.	
Are all persor	ns requiring ro	of access trai	ned and comp	etent?							○ YES		○ NO
Are the weather conditions acceptable?										○ YES		○ NO	
Are all persons wearing appropriate clothing and footwear?											○ YES		○ NO
Is additional edge protection required?											YES		○ NO
	Il arrest equip	· · · · · · · · · · · · · · · · · · ·	d?								○ YES		O NO
	of falling mat										○ YES		O NO
	otective Equip		equired?								○ YES		○NO
	ducts, flues o										○ YES		O NO
			es within the a	rea heir	מ טכנוום	ied?					O YES		ONO
•			equire access t				, fo	or the di	ıratior	of th			
Аррголіпасе	Hy HOW Hiarry	persons will i	equire access t	o the re)OI/ DA3 C	Jubiooni		n the ac	iiatioi	10111	iis activity:		
		(Thi	<u>EM</u> is person must		ICY CON' directly ir		n tl	he activ	ity)				
Name:			Position:						Conta	ct No	.:		
			<u>AUTHOR</u>	ISATIO	N AND A	CCEPTA	NC	Œ					
			n and ensured that norisation form hav										
Permit Acceptor	:		Signature:					Valid Fr	om:	Time:		Date:	
Organisation:			Permit Issuer:					Valid To):	Time:		Date:	
			HANDBACK	RECEI	PT AND	CANCELI	LA ^T	TION					
I confirm that the	e activity has bee	n completed, ch	ecked by myself an						conditio	on.			
Person in charge	e:			Signature	:					Time:	<u></u>	Date:	<u></u>
	SE	CURITY					ES	STATES	& CA	PITAI	L DEVELOP	MEN	Γ
	eceipt of this perr t the area secure		informed that the p I tidy condition.	person							completed in safe and tidy		
Time: Date: Time:									Date:				

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Aston University ROOF ACCESS REQUEST FORM												
Organisation:	BAS		Permit Acceptor:				1	st Escape Rou	te:	NORTH S	TAIRCASE	:
Building:	NORTH WIN	IG	Roof Access Point:	VIA NF	R03		2	nd Escape Rou	ıte:	SOUTH S	TAIRCASE	VIA ROOF
	The follo	owing perso	A ns are authorise		ISED PER		ct N	JW Roof Ke	us fra	m Secur	itv	
◯ Gill Pilfo		O John Pe			e Woodfi			David Evett) John Sp	ittle
○ Ben Star	alov	◯ John D	owning	○ Paul	Coleman			Clive McLec	٠d) Paul Sca	nlon
O Bell Stal								CIIVE MICLEC	,u			
	RIS	K ASSESSM	ENT AND SAFE	OPERA'	TING PRO	DCEDURE				Safety	e Management at Work Regula led) require tha	
Has a suitable	e and sufficie	nt risk assess	ment been und	ertaken	for this a	ctivity?	0,	YES () NO	five or signific	more employee cant findings of	es record the assessments and
Has a Safe Op	perating Proce	edure (SOP)	been developed	d for this	activity?		О,	YES (ONC	assessi must b		
			HAZA	ARDS AI	ND PREC	AUTIONS	5				commencing.	
Are all persor	ns requiring re	oof access tr	ained and comp	etent?						О	'ES	○ NO
Are the weather conditions acceptable?									OY	'ES	○ NO	
Are all persons wearing appropriate clothing and footwear?									OY	'ES	○ NO	
Is additional edge protection required?										OY	'ES	○ NO
Is personal fall arrest equipment required?												
Is there a risk	of falling ma	terial?								OY	'ES	○ NO
Is Personal Pr	otective Equi	ipment (PPE)	required?							OY	'ES	○ NO
Are there any	ducts, flues	or outlets on	the roof?							OY	'ES	○ NO
If yes, is there	a risk from h	azardous fur	mes within the a	rea beir	ng occupi	ied?				○Y	'ES	○ NO
Approximate	ely how many	persons wil	l require access	to the ro	oof/BAS C	lubroom	for	the duratio	n of	this activ	rity?	
		(T	EN his person must		ICY CON		n th	e activity)				
[(.,		1100 50								
Name:			Position:					Conta	ICT IN	0.:		
			AUTHOF	RISATIO	N AND A	CCEPTAI	NCE					
			ion and ensured tha Ithorisation form ha									
Permit Acceptor	·:		Signature:				V	alid From:	Time	::	Date:	
Organisation:			Permit Issuer:				V	alid To:	Time	::	Date:	
			HANDBACK	, RECEI	PT AND	CANCELL	ATI	ION				
I confirm that the	e activity has bee	en completed, c	checked by myself a	nd the are	a left secure	e and in a sa	afe aı	nd tidy conditi	on.			
Person in charge	e:			Signature	e:				Time	::	Date:	
		<u>ECURITY</u>					ES1	TATES & CA	PITA	AL DEVE	LOPMEN	Ţ
			n informed that the nd tidy condition.	person				the activity ha				ance with this on.
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Aston Unive	ersity		ROOF ACC	<u> ESS</u>	REQU	EST FC	<u>DR</u>	<u>RM</u>								
Organisation:	BAS		Permit Acceptor:					1st Esca	pe Rout	e: N	NORTH STAIRCASE					
Building:	NORTH WING	G	Roof Access Point:	VIA N				2nd Escape Route:		te: S	SOUTH STAIRCASE VIA F		VIA ROOF			
AUTHORISED PERSONS The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.																
Gill Pilfo		O John Per			ve Wood		_) David			- <u>-</u>	hn Spi	ittle			
◯ Ben Star	nley	O John Do	wning	○ Pau	l Colema	n		Clive I	McLeo	d	○ Pa	ul Sca	nlon			
RISK ASSESSMENT AND SAFE OPERATING PROCEDURE NB: The Management of Health and Safety at Work Regulations 1999 (as a management of Health and Safety at Work Regulations 1999).																
Has a suitable and sufficient risk assessment been undertaken for this activity? O YES NO mended) require that organisations of five or more employees record the significant findings of assessments and												organisations with s record the assessments and				
Has a Safe Operating Procedure (SOP) been developed for this activity?											assessments must be sub Developmer	and meth mitted to nt Departn	ly at risk. Risk od statements Estates & Capital nent in advance of			
			HAZA	RDS A	ND PRE	CAUTION	<u>S</u>				works comm	iencing.				
Are all persor	ns requiring ro	of access tra	ined and comp	etent?							○ YES		○ NO			
Are the weatl	her conditions	acceptable?	ı								○ YES		○ NO			
Are all persor	ns wearing ap	propriate clo	thing and footv	vear?							YES		○ NO			
Is additional e	edge protection	on required?									YES		○ NO			
Is personal fa	ll arrest equip	ment require	ed?								YES		○ NO			
	of falling mat	· · · · · · · · · · · · · · · · · · ·									YES		O NO			
	otective Equip		required?								YES		O NO			
	ducts, flues o		•								YES		O NO			
			nes within the a	rea bei	ina occui	oied?					YES		O NO			
•			require access t				n fo	or the d	uratio	n of t						
		/TL			NCY COI			.h. o. o. ati:	.: . \							
Name:		(111	is person must Position:	not be	directly	invoived	ın u	-	Conta	ct No).:					
			AUTHOR													
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Permit Acceptor	:		Signature:					Valid F	rom:	Time:		Date:				
Organisation:			Permit Issuer:					Valid T	o:	Time:		Date:				
			HANDBACK	, RECE	IPT AND	CANCEL	LA	TION								
I confirm that the	e activity has bee	n completed, ch	ecked by myself an	nd the ar	ea left secu	re and in a s	safe	and tidy	condition	on.						
Person in charge	2:			Signatur	re:					Time:		Date:				
	SE	CURITY					<u>E</u> :	STATES	5 & CA	PITA	L DEVELOR	MEN.	Ţ			
	eceipt of this perr t the area secure		informed that the p d tidy condition.	oerson							completed in a safe and tidy					
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Aston Unive	ersity		ROOF ACC	<u> ESS</u>	REQU	EST FC	<u>DR</u>	<u>RM</u>								
Organisation:	BAS		Permit Acceptor:					1st Esca	pe Rout	e: N	NORTH STAIRCASE					
Building:	NORTH WING	G	Roof Access Point:	VIA N				2nd Escape Route:		te: S	SOUTH STAIRCASE VIA F		VIA ROOF			
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Gill Pilfo		O John Per			ve Wood		_) David			- <u>-</u>	hn Spi	ittle			
◯ Ben Star	nley	O John Do	wning	○ Pau	l Colema	n		Clive I	McLeo	d	○ Pa	ul Sca	nlon			
RISK ASSESSMENT AND SAFE OPERATING PROCEDURE NB: The Management of Health and Safety at Work Regulations 1999 (as a management of Health and Safety at Work Regulations 1999).																
Has a suitable and sufficient risk assessment been undertaken for this activity? O YES NO mended) require that organisations of five or more employees record the significant findings of assessments and												organisations with s record the assessments and				
Has a Safe Operating Procedure (SOP) been developed for this activity?											assessments must be sub Developmer	and meth mitted to nt Departn	ly at risk. Risk od statements Estates & Capital nent in advance of			
			HAZA	RDS A	ND PRE	CAUTION	<u>S</u>				works comm	iencing.				
Are all persor	ns requiring ro	of access tra	ined and comp	etent?							○ YES		○ NO			
Are the weatl	her conditions	acceptable?	ı								○ YES		○ NO			
Are all persor	ns wearing ap	propriate clo	thing and footv	vear?							YES		○ NO			
Is additional e	edge protection	on required?									YES		○ NO			
Is personal fa	ll arrest equip	ment require	ed?								YES		○ NO			
	of falling mat	· · · · · · · · · · · · · · · · · · ·									YES		O NO			
	otective Equip		required?								YES		O NO			
	ducts, flues o		•								YES		O NO			
			nes within the a	rea bei	ina occui	oied?					YES		O NO			
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Name:		(111	is person must Position:	not be	directly	invoived	ın u	-	Conta	ct No).:					
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Permit Acceptor	:		Signature:					Valid F	rom:	Time:		Date:				
Organisation:			Permit Issuer:					Valid T	o:	Time:		Date:				
			HANDBACK	, RECE	IPT AND	CANCEL	LA	TION								
I confirm that the	e activity has bee	n completed, ch	ecked by myself an	nd the ar	ea left secu	re and in a s	safe	and tidy	condition	on.						
Person in charge	2:			Signatur	re:					Time:		Date:				
	SE	CURITY					<u>E</u> :	STATES	5 & CA	PITA	L DEVELOR	MEN.	Ţ			
	eceipt of this perr t the area secure		informed that the p d tidy condition.	oerson							completed in a safe and tidy					
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Aston Unive	ersity		<u>K</u>	OUF ACC	.E33	KEQU	<u> 1631 I</u>	-OF	<u> (IVI</u>						
Organisation:	BAS Permit Acceptor: 1st Escape Route: NC								NORTH STAIRCASE						
Building:	NORTH WI	NG	Roo	of Access Point:					2nd Escape Route:			SOUTH STAIRCASE VIA ROOF			
AUTHORISED PERSONS The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.															
○ Gill Pilfo	old	◯ John F	enn	у	○ Stev	re Wood	field	C) David	d Evetts	,	◯ Joh	nn Spi	ttle	
○ Ben Star	nley	◯ John [Dowi	ning	○ Paul	l Colema	ın		Clive	McLeo	d	○ Pau	ul Sca	nlon	
	RI	SK ASSESSM	1EN1	T AND SAFE (OPERA	TING PI	ROCEDI	<u>JRE</u>				NB: The Mana Safety at Wor	k Regulati	ions 1999 (as	
Has a suitable	e and suffici	ent risk asses	sme	nt been unde	ertaken	for this	activity	?	YES	С	NO	five or more e significant fin	mployee: dings of a	assessments and	
Has a Safe Operating Procedure (SOP) been developed for this activity?												must be subn Development	and meth nitted to E Departm	ly at risk. Risk od statements Estates & Capital nent in advance o	
				HAZA	RDS A	ND PRE	CAUTIC	<u>ONS</u>				works comme	ncing.		
Are all persor	ns requiring	roof access t	raine	ed and comp	etent?							○ YES	(○ NO	
Are the weatl	her conditio	ns acceptabl	e?									○ YES	(○ NO	
Are all persor	ns wearing a	ppropriate c	lothi	ing and footv	vear?							○ YES	-	○ NO	
Is additional e	edge protec	tion required	d?									○ YES	- 1	○ NO	
Is personal fa	II arrest equ	ipment requ	ired	?								○ YES		○ NO	
Is there a risk												○ YES		○ NO	
Is Personal Pr			e) red	auired?								○ YES		○ NO	
Are there any												YES		○ NO	
•				s within the a	rea hei	חם טכנוו	nied?					○ YES		○NO	
11 yes, 15 there	. 4 1151(110111	Tiuzui Gous ic	111103	, within the a	ica bei	ng occu	pica.					I C I L S	一		
Approximate	ely how man	ny persons wi	ll red	quire access t	o the r	oof/BAS	Clubro	om fo	or the o	duration	n of th	nis activity?	<u> </u>		
		(This	<u>EM</u> person must		NCY COI directly		_	the act	ivity)					
Name:				Position:						Conta	ct No.	:			
				AUTHOR	ISATIO	ON AND	ACCEP.	TAN	CE						
I confirm that I h the risk assessme				and ensured that	the nec	essary pre	cautions l	have b	een tak						
Permit Acceptor	r:			Signature:					Valid I	rom:	Time:		Date:		
Organisation:				Permit Issuer:					Valid ⁻	Го:	Time:		Date:		
				HANDBACK	, RECF	IPT AND	CANC	ELLA	TION	'					
I confirm that the	e activity has b	een completed,								/ condition	on.				
															
Person in charge	e:				Signatur	e:					Time:		Date:		
		SECURITY						<u>E</u>	STATE	S & CA	PITAL	L DEVELOP	MEN1	Γ	
l acknowledge re in charge has lef					oerson							completed in a safe and tidy o			
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Aston Unive	ersity		ROOF ACC	<u> ESS</u>	REQU	EST FC	<u>DR</u>	<u>RM</u>								
Organisation:	BAS		Permit Acceptor:					1st Esca	pe Rout	e: N	NORTH STAIRCASE					
Building:	NORTH WING	G	Roof Access Point:	VIA N				2nd Escape Route:		te: S	SOUTH STAIRCASE VIA F		VIA ROOF			
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◯ Ben Star	nley	O John Do	wning	○ Pau	l Colema	n		Clive I	McLeo	d	○ Pa	ul Sca	nlon			
RISK ASSESSMENT AND SAFE OPERATING PROCEDURE NB: The Management of Health and Safety at Work Regulations 1999 (as a management of Health and Safety at Work Regulations 1999).																
Has a suitable and sufficient risk assessment been undertaken for this activity? O YES NO mended) require that organisations of five or more employees record the significant findings of assessments and												organisations with s record the assessments and				
Has a Safe Operating Procedure (SOP) been developed for this activity?											assessments must be sub Developmer	and meth mitted to nt Departn	ly at risk. Risk od statements Estates & Capital nent in advance of			
			HAZA	RDS A	ND PRE	CAUTION	<u>S</u>				works comm	iencing.				
Are all persor	ns requiring ro	of access tra	ined and comp	etent?							○ YES		○ NO			
Are the weatl	her conditions	acceptable?	ı								○ YES		○ NO			
Are all persor	ns wearing ap	propriate clo	thing and footv	vear?							YES		○ NO			
Is additional e	edge protection	on required?									YES		○ NO			
Is personal fa	ll arrest equip	ment require	ed?								YES		○ NO			
	of falling mat	· · · · · · · · · · · · · · · · · · ·									YES		O NO			
	otective Equip		required?								YES		O NO			
	ducts, flues o		•								YES		O NO			
			nes within the a	rea bei	ina occui	oied?					YES		O NO			
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