



BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0001**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0002**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

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Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

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ESTATES & CAPITAL DEVELOPMENT

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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0003**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	2nd Escape Route:	SOUTH STAIRCASE VIA ROOF

AUTHORISED PERSONS

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<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0004**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	2nd Escape Route:	SOUTH STAIRCASE VIA ROOF

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Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
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Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
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EMERGENCY CONTACTS

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HANDBACK, RECEIPT AND CANCELLATION

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ESTATES & CAPITAL DEVELOPMENT

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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0006**

Organisation: BAS	Permit Acceptor:	1st Escape Route: NORTH STAIRCASE
Building: NORTH WING	Roof Access Point: VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
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RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	Position:	Contact No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Permit Acceptor:	Signature:	Valid From:	Time:	Date:
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Organisation:	Permit Issuer:	Valid To:	Time:	Date:
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HANDBACK, RECEIPT AND CANCELLATION

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Person in charge:	Signature:	Time:	Date:
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

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Organisation: BAS	Permit Acceptor:	1st Escape Route: NORTH STAIRCASE
Building: NORTH WING	Roof Access Point: VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	Position:	Contact No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation:	Permit Issuer:	Valid To:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	Signature:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECURITY

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>



BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0009**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0010**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0011**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0012**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0013**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS
 The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS
 (This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0014**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0015**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0016**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0017**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0018**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0019**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0020**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0021**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0022**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0023**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0024**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

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

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0025**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0026**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0027**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0028**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
----------------------------------------	---------------------------------	----------------------------	----------------------------

SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0029**

Organisation: BAS	Permit Acceptor:	1st Escape Route: NORTH STAIRCASE
Building: NORTH WING	Roof Access Point: VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	Position:	Contact No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation:	Permit Issuer:	Valid To:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	Signature:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECURITY

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>



BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0030**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0031**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0032**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0033**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0034**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0035**

Organisation: BAS	Permit Acceptor:	1st Escape Route: NORTH STAIRCASE
Building: NORTH WING	Roof Access Point: VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
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HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
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Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	Position:	Contact No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation:	Permit Issuer:	Valid To:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	Signature:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECURITY

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>



BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0036**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0037**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0038**

Organisation: BAS	Permit Acceptor:	1st Escape Route: NORTH STAIRCASE
Building: NORTH WING	Roof Access Point: VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	Position:	Contact No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation:	Permit Issuer:	Valid To:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	Signature:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECURITY

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>



BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0039**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0040**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

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

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0041**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0042**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0043**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0044**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0045**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0046**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0047**

Organisation: BAS	Permit Acceptor:	1st Escape Route: NORTH STAIRCASE
Building: NORTH WING	Roof Access Point: VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	Position:	Contact No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation:	Permit Issuer:	Valid To:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	Signature:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECURITY

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>



BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0048**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

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

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0049**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0050**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0051**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0052**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0053**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0054**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0055**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0056**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0057**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0058**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0059**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0060**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0061**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

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

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0062**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0063**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0064**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0065**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0066**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0067**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

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

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0068**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)

REF:

0069

ROOF ACCESS REQUEST FORM

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
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Building:	NORTH WING	Roof Access Point:	VIA NR03	2nd Escape Route:	SOUTH STAIRCASE VIA ROOF
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AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

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

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0070**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0071**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

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

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0072**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0073**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0074**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0075**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0076**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0077**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0078**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)

REF:

0079

ROOF ACCESS REQUEST FORM

Organisation:	<input type="text" value="BAS"/>	Permit Acceptor:	<input type="text"/>	1st Escape Route:	<input type="text" value="NORTH STAIRCASE"/>
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Building:	<input type="text" value="NORTH WING"/>	Roof Access Point:	<input type="text" value="VIA NR03"/>	2nd Escape Route:	<input type="text" value="SOUTH STAIRCASE VIA ROOF"/>
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AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0080**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0081**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)

ROOF ACCESS REQUEST FORM

REF: **0082**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
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Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>
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AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0083**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0084**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0085**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0086**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0087**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0088**

Organisation: BAS	Permit Acceptor:	1st Escape Route: NORTH STAIRCASE
Building: NORTH WING	Roof Access Point: VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	Position:	Contact No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation:	Permit Issuer:	Valid To:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	Signature:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECURITY

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>



BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0089**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0090**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0091**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

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

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0092**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)

ROOF ACCESS REQUEST FORM

REF: **0093**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
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Building:	NORTH WING	Roof Access Point:	VIA NR03	2nd Escape Route:	SOUTH STAIRCASE VIA ROOF
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AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0094**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0095**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0096**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0097**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

The following persons are authorised on behalf of BAS to collect NW Roof Keys from Security.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name: <input type="text"/>	Position: <input type="text"/>	Contact No.: <input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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SECURITY

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0098**

Organisation:	BAS	Permit Acceptor:		1st Escape Route:	NORTH STAIRCASE
Building:	NORTH WING	Roof Access Point:	VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS

(This person must not be directly involved in the activity)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact No.:	<input type="text"/>
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AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Organisation:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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SECURITY

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0099**

Organisation: BAS	Permit Acceptor:	1st Escape Route: NORTH STAIRCASE
Building: NORTH WING	Roof Access Point: VIA NR03	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.

<input type="radio"/> Gill Pilfold	<input type="radio"/> John Penny	<input type="radio"/> Steve Woodfield	<input type="radio"/> David Evetts	<input type="radio"/> John Spittle
<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

Has a suitable and sufficient risk assessment been undertaken for this activity?	<input type="radio"/> YES	<input type="radio"/> NO
Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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

HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes within the area being occupied?	<input type="radio"/> YES	<input type="radio"/> NO
Approximately how many persons will require access to the roof/BAS Clubroom for the duration of this activity?	<input type="text"/>	

EMERGENCY CONTACTS
 (This person must not be directly involved in the activity)

Name:	Position:	Contact No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORISATION AND ACCEPTANCE

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

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation:	Permit Issuer:	Valid To:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge:	Signature:	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECURITY

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

ESTATES & CAPITAL DEVELOPMENT

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

<input type="text"/>	Time:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>



BIRMINGHAM ASTRONOMICAL SOCIETY (BAS)
ROOF ACCESS REQUEST FORM

REF: **0100**

Organisation: <input type="text" value="BAS"/>	Permit Acceptor: <input type="text"/>	1st Escape Route: <input type="text" value="NORTH STAIRCASE"/>
Building: <input type="text" value="NORTH WING"/>	Roof Access Point: <input type="text" value="VIA NR03"/>	2nd Escape Route: <input type="text" value="SOUTH STAIRCASE VIA ROOF"/>

AUTHORISED PERSONS

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<input type="radio"/> Ben Stanley	<input type="radio"/> John Downing	<input type="radio"/> Paul Coleman	<input type="radio"/> Clive McLeod	<input type="radio"/> Paul Scanlon

RISK ASSESSMENT AND SAFE OPERATING PROCEDURE

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Has a Safe Operating Procedure (SOP) been developed for this activity?	<input type="radio"/> YES	<input type="radio"/> NO

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HAZARDS AND PRECAUTIONS

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Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
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Permit Acceptor: <input type="text"/>	Signature: <input type="text"/>	Valid From: Time: <input type="text"/> Date: <input type="text"/>
Organisation: <input type="text"/>	Permit Issuer: <input type="text"/>	Valid To: Time: <input type="text"/> Date: <input type="text"/>

HANDBACK, RECEIPT AND CANCELLATION

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

Person in charge: <input type="text"/>	Signature: <input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

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<input type="text"/>	Time: <input type="text"/>	Date: <input type="text"/>
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