

Job number:



Estate Support Service  
Work on Fume Cupboard/Safety Cabinet/ Lab drains

<b>Section 1</b>		Details of person requesting the permit		<b>Section 3 Cont'd</b> - This section must be completed by the laboratory or technical staff responsible for the area where work is to be done e.g. School Safety Officer																	
Print Name				I hereby confirm that the area where work is to be carried out has been cleared, cleaned and decontaminated and it is safe for work to proceed		Print name		Signature		Date		Tel No									
Name of company or Section if ESS				Name of person to be contacted in the event of a query or concern (if different from above)		Print name		Signature		Tel No											
Location of Fume cupboard, Safety cabinet or Lab drain		Building:				Floor No:				<b>Additional department/school rules for anyone working in this area.</b> No eating drinking or smoking, never touch anything on benches or shelves or move anything without first checking with the person responsible for the area that it is safe to do so. <b>Section 4</b> To be completed by the person carrying out the work e.g. contractor, ESS											
		Department or school				Room No:															
Description of work				Are risk assessments and method statements available?		Yes		No –( If no do not proceed)													
Date/Time				I hereby confirm that I will adhere to the terms and conditions of this permit		Company or Section		Print name		Signature		Date									
<b>Section 2 a</b>		Details of person issuing the permit		I hereby confirm that the works specified in this permit have been completed and the area is safe to return to normal school/lab use		Company or Section		Print name		Signature		Date									
		Print Name												Sign name		Date ...../...../....					
<b>Section 2 b</b>		Details of person carrying out the work (if different from person requesting above)		<b>Section 5</b> This Section must be completed by the authorised person when cancelling or closing a permit, all copies of the permit must be returned to the person that issued it																	
Print Name				Sign name				Date				The work has been completed and the equipment/area returned to its normal use		Name of school / department		Print name		Signature		Date	
Company or Section name				Company or Section Tel No		<b>Permit to Work Procedure</b> This permit must only be issued by ESS employees authorised to do so, please ensure all necessary details are completed  1. Access the ESS Health and Safety Web Pages and locate the permit required. 2. Download the form and complete it electronically before printing one copy off so it can be signed. • <b>1 x</b> copy of the permit (signed) is given to the person requesting the permit to work and must available at the work location. • <b>1 x</b> copy of the permit (electronic) must be emailed to the Customer Services and Administration (CSA) on <b>permittowork@ncl.ac.uk</b> who will enter the details from the permit on to the Permit to Work data base. CSA will also advise you of any other permits operating in the area.  <b>3. Once work is complete the signed copy of the permit must be returned to the ESS person responsible for the work who will then request CSA to remove details of the permit from the data base. The signed copy of the permit must then be forwarded to CSA where it will be held on file</b>  <b>Useful Numbers</b> Security Emergency      0191 2226666 Fire Safety Officer      0191 2228127 Health and Safety      0191 2226847 Estate Support Service      0191 2227171 <b>In the event of fire raise the alarm by activating the nearest live call point and leave the building by the nearest exit, once safe telephone the fire brigade and the Emergency Security number above</b>															
<b>Section 3</b>		Conditions and controls required when using this permit - This section must be completed by the laboratory or technical staff responsible for the area where work is to be done																			
		Print Name		Designation												Date ...../...../....					
Type(s) of Hazard - be specific		Radioactive – contact Radiation Protection Supervisor		Biological - state containment level																	
		Chemical – see USO Circular 7-94		Other (please state)																	
Confirmation all necessary preparation work to make the area safe has been carried out–work must not proceed if any of answers to the following questions is no																					
All work with hazardous materials has ceased		Yes		No												N/A					
All hazardous materials have been removed from the area to be worked in		Yes		No		N/A															
All gases have been isolated		Yes		No		N/A															
Where possible all sink taps have been isolated		Yes		No		N/A															
Warning notices have been placed in all sinks/fume cupboards/safety cabinets (in the system)		Yes		No		N/A															