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

Section 1
Details of person requesting the permit

Print Name

Name of company or Section if ESS

Location of Fume cupboard, Safety cabinet or Lab drain

Building:  
Floor No:  
Department or school:  
Room No:  

Section 2 a
Details of person issuing the permit

Print Name
Sign name
Date

Section 2 b
Details of person carrying out the work (if different from person requesting above)

Print Name
Sign name
Date

Section 3 Cont’d
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
Radioactive – contact Radiation Protection Supervisor
Biological - state containment level
Chemical – see USO Circular 7-94
Other (please state)

Confirmation: All necessary preparation work required to make the area safe has been carried out and must be done by the person responsible for the area where work is to be done.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>All work with hazardous materials has ceased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All hazardous materials have been removed from the area to be worked in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All gases have been isolated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where possible all sink taps have been isolated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warning notices have been placed in all sinks/fume cupboards/safety cabinets (in the system)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby confirm that the works specified in this permit have been completed and the area is safe for return to normal school/lab use.

Section 4
To be completed by the person carrying out the work e.g. contractor, ESS

Date/Time of work

Description of work

Are risk assessments and method statements available?

Yes
No – (If no do not proceed)

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.

Section 5
This Section must by completed by the authorized person when cancelling or closing a permit, all copies of the permit must be returned to the person that issued it.

Print Name
Signature
Date
Tel No

Permit to Work Procedure
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.  
   - 1 x copy of the permit (signed) is given to the person requesting the permit to work and must be available at the work location.
   - 1 x copy of the permit (electronic) must be emailed to the Customer Services and Administration (CSA) on permittowork@ncl.ac.uk 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.
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.

Useful Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Tel No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Emergency</td>
<td>0191 2226666</td>
</tr>
<tr>
<td>Fire Safety Officer</td>
<td>0191 2228127</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>0191 2226847</td>
</tr>
<tr>
<td>Estate Support Service</td>
<td>0191 2227171</td>
</tr>
</tbody>
</table>

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.