**Authorisation to Work**

Contractor:

Responsible Person:

Contact no:

Contractors mobile:

Office no:

**Telephone No (Fire / Police / Ambulance) :(9) 999**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does work require separate permit to work, or risk assessments, method statements? | | | | | | | Yes | |  | No | |  | |
|  | | | | | | | | | | | | | | |
| Have building restrictions been checked including cable routing? | | | | | | | Yes | |  | No | |  | |
|  | | | | | | | | | | | | | | |
| Special safety conditions? | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Location of Work: | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Description of Work: | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Document is valid from Date | |  | | | Time |  | Until Date | |  | | | Time | |  | | |
| **Health and Safety Issues/Authorisation to Works:** The Project Officer confirms that they have made all necessary checks in respect of any matters which relate to health and safety, which the contractor may become subject to during the course of this work, (including interrogation of the corporate asbestos database) in order to allow contractor to commence work. The Project Officer will also monitor arrangement prior, during and on completion of the works. | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Project Officer’s Signature: | |  | | | | |
|  | | | | | | |
| Name (print): |  | | Time: |  | Dated: |  |
| **Acceptance:** I accept responsibility for ensuring that the conditions in this document are correct, and brought to the attention of persons on site and agree that safe working procedures will be implemented and confirm that all personnel are adequately trained and will work only on the jobs/equipment specified in accordance with these conditions. | | | | | | |

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| Contractor’s signature: | |  | | | | |
|  | | | | | | |
| Name (print): |  | | Time: |  | Dated: |  |
| **Authorisation: I have verified the information and authorise the Project Officer to commence work.** | | | | | | |

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| Site Manager’s signature: | |  | | | | |
|  | | | | | | |
| Name (print): |  | | Time: |  | Dated: |  |

**Basic Safety Checklist detailing work conditions**

|  |  |  |
| --- | --- | --- |
| **1.** | **Working at Height** |  |
| 1.1 | Permit to Work provided (See SWP – Permit to Work) |  |
| 1.2 | Plan of roof routes |  |
| 1.3 | Edge protection measure required safety lines & harnesses to be used |  |
| 1.4 | No work in high winds, heavy rain, icy conditions or poor light, Wind speed/weather conditions checked |  |
| 1.5 | Access will be by scaffolding/ladder tied off/tower/gantry/hydraulic lift/internal staircase\*suspended cradle/other (please specify)\* |  |
| 1.6 | Two persons working and/or fall down radio provided |  |
| 1.7 | Measures for protection from falling materials agreed |  |
| 1.8 | Fragile roof protection measures agreed |  |
| 1.9 | Scaffold/towers/cradles inspected before work commences. Emergency arrangements agreed. |  |
| **2.** | **Housekeeping** |  |
| 2.1 | Tools, equipment, materials etc to be tidily stored |  |
| 2.2 | Floors, stairs, corridors to be kept clear |  |
| 2.3 | Spillages to be cleared & disposed of immediately, & area left clean |  |
| 2.4 | Ceiling tiles/duct covers/panels/traps to be replaced in good order |  |
| 2.5 | Area to be swept/vacuumed after each work period |  |
| 2.6 | Waste materials & liquid to be disposed of correctly |  |
| **3.** | **Electrical safety** |  |
| 3.1 | No live working |  |
| 3.2 | Circuits isolated, labelled & locked off |  |
| 3.3 | Live working essential – Permit to work provided |  |
| 3.4 | Insulated screens |  |
| 3.5 | Second person in attendance trained in resuscitation techniques |  |
| 3.6 | Insulated mats provided |  |
| 3.7 | Insulated tools provided |  |
| 3.8 | Insulated gloves provided |  |
| 3.9 | Hidden services precautions |  |
| **4.** | **Hazardous Substances (COSHH)** |  |
| 4.1 | Safe working arrangements with COSHH substances agreed |  |
| 4.2 | Safety arrangements for flammable substances |  |
| **5.** | **Hot Work (Welding, cutting etc. blow lamps, soldering etc.)** |  |
| 5.1 | Hot work permit provided |  |
| **6.** | **Fire Protection systems – e.g. computer suite flooding system** |  |
| 6.1 | Fire stops/barriers to be maintained |  |
| 6.2 | Fire barriers must be reinstated at the end of the days work |  |
| 6.3 | Discharge & fire systems to be disabled during work |  |
| 6.4 | Plant areas to be locked when unattended |  |
| 6.5 | Fire protection to structural beams and columns must not be drilled, chased or broken out without the prior agreement of the Structural Engineer |  |
| **7.** | **Tools/ Plant Equipment** |  |
| 7.1 | RCDs provided for mains voltage tools |  |
| 7.2 | 110V tools only |  |
| 7.3 | Battery tools only |  |
| 7.4 | Special working arrangements with tools / plant / equipment |  |
| 7.5 | Trailing leads to be safety routed and / or protected |  |
| 7.6 | Arrangements for noisy operations |  |
| 7.7 | Arrangements for dusty operations |  |
| **8.** | **Procedure in case of serious imminent danger** |  |
| 8.1 | Emergency evacuation procedure required. |  |
| 8.2 | Fire alarm system explanation required |  |
| 8.3 | No naked lights |  |
| **9.** | **Personal Protective Equipment** |  |
| 9.1 | The contractor to ensure that their personnel are suitably protected in line with the PPE regulations |  |
| **10.** | **Delivery/ Storage/ Clearance of materials** |  |
| 10.1 | Delivery arrangements |  |
| 10.2 | Storage arrangements |  |
| 10.3 | Clearance arrangements |  |
| **11.** | **Work on Lifts** |  |
| 11.1 | Barriers at lift landings |  |
| 11.2 | Correct signage at lift landings |  |
| **12.** | **General** |  |
| 12.1 | Access to 1st Aid provisions |  |
| 12.2 | No smoking in buildings or grounds |  |
| 12.3 | Routes agreed (cable and pipe run) |  |
| 12.4 | Two people working required |  |
| 12.5 | Method statement / risk assessment obtained (if decided necessary) |  |
| 12.6 | Signage and segregation arrangements |  |
| 12.7 | Fire detection systems isolated / see also ‘hot works’ |  |
| 12.8 | Parking arrangements |  |
| 12.9 | Security informed and arranged if necessary |  |
| 12.10 | Hours of working clarified |  |
| 12.11 | All staff informed (work area) |  |
| 12.12 | Report to reception – Arrival/departure |  |
| **13.** | **Out of Hours Working** |  |
| 13.1 | Security provided / arranged |  |
| 13.2 | Hours of work agreed with CBS |  |
| **14.** | **Asbestos (in conjunction with Policy)** |  |
| 14.1 | This building contains ACMs (Asbestos Containing Materials) A database & plans exist for the location type etc of the ACMs. |  |
| 14.2 | The appropriate plans/database have been provided |  |
| 14.3 | All people working in the building must provide evidence of asbestos training (awareness/asbestos essentials/SCC asbestos task sheets |  |
| 14.4 | Evidence has been provided |  |
| 14.5 | As far as possible, to ascertain the work subject to this authorisation will not include disturbing asbestos |  |
| 14.6 | Workers must remain alert to the presence of asbestos and stop immediately if it is suspected and refer the matter back to the issuer of this document. |  |
| 14.7 | The work will involve with / disturbing asbestos and a plan of work has been provided by the contractor. |  |
| **15.** | **Confined Spaces** |  |
| 15.1 | The area is designated as a confined space |  |
| 15.2 | Two persons working with one outside space |  |
| 15.3 | Atmosphere to be checked (Gas monitor) |  |
| 15.4 | Communication between person in space and second person |  |
| 15.5 | Breathing apparatus to be worn/available |  |
| 15.6 | Services to be isolated |  |
| 15.7 | Harness worn with line attached |  |
| 15.8 | Torches to be carried |  |
| 15.9 | Rescue winch provided |  |
| 15.10 | Confined spaces permit provided |  |

**Authorisation to Work**

This section to be completed when finished on site

**Clearance:**

The work for which this work authorisation was issued is now **suspended / completed\***.

All gear and tools **have / have not\*** been removed.

All persons under my charge have been withdrawn and the site has been left safe.

(\* please delete as applicable)

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| Company | |  | | |
|  | | | | |
| Name (print) | |  | | |
|  | | | | |
| Signature | |  | | |
|  | | | | |
| Time |  | | Date |  |

**Cancellation:**

The work authorisation is cancelled.

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| --- | --- | --- | --- | --- | --- | --- |
| Site Manager’s Name (print) | |  | | | | |
|  | | | | | | |
| Signature |  | | | | | |
|  | | | | | | |
| Time |  | | Date |  | | |
|  | | | | | | |
| Drop Down Radio Returned | | | Yes |  | No |  |