

Contractor - Permit to Work in Occupied Areas

A 'Permit to Work in Occupied Areas' is required for Contractors working on the University's premises in areas where students, staff or members of the public have access. A 'Permit to Work in Occupied Areas' may not need to be issued if the University Representative identifies that the likelihood of an incident resulting from this work is unlikely AND the duration of the works is less than one day. Section 1 of this form must be completed by the University Representative to illustrate they have taken all relevant matters into consideration.

Before the University's Representative makes this decision they should be satisfied that all of the following have been considered and do not apply to the work being proposed:- work in confined spaces, hot works, work on roofs, high or low voltage electrical work, work with asbestos, excavations of any sort, work in laboratories.

It is the University Representative's responsibility to make an assessment of risk and they are accountable for their decision on whether a 'Permit to Work in Occupied Areas' is required. If the University Representative decides that the 'Permit to Work in Occupied Areas' is not required based on the above criteria they should note this decision in writing on their copy of the Contractor's Risk Assessment which must be kept with the relevant paperwork for the works.

Section 1 to be completed by the University Representative

Contractor company name:	
Name of Contractor Representative:	
Location of the work:	
Work Start Date:	Start Time:
Work Completion Date:	Finish Time:
Scope of Work to be Performed:	
Name of University Representative responsible for supervising contractor:	

Tasks to be performed include, or could include):			<i>(Select all that apply)</i>
<input type="checkbox"/> Work in high traffic areas	<input type="checkbox"/> Hot work (including welding, cutting and grinding etc)	<input type="checkbox"/> Working in emergency exit routes	
<input type="checkbox"/> Work in an occupied premises	<input type="checkbox"/> Use of hazardous chemicals (paints, fuels, solvents etc)	<input type="checkbox"/> Work on fire alarm system	
<input type="checkbox"/> Work in areas near members of the public	<input type="checkbox"/> Use of pneumatic tooling	<input type="checkbox"/> Use of mobile plant (eg. forklift, crane, vehicle)	
<input type="checkbox"/> Work likely to produce dust or fumes	<input type="checkbox"/> Work likely to disturb Asbestos	<input type="checkbox"/> Confined space entry	
<input type="checkbox"/> Working at heights >2m (eg. roof work, ladders, cherry pickers, scissor lift etc)		<input type="checkbox"/> Excavation or trenching	
		<input type="checkbox"/> Using power tools	
<input type="checkbox"/> Other tasks (specify):			

Risk Assessment / Method Statement:		
<input type="checkbox"/> The hazards and risks to members of the public, staff, students and any other third parties in the vicinity of these works has been identified in the Risk Assessment and Method Statement and adequate control measures have been agreed to reduce the risk as far as is reasonably practicable		
How likely is it that an incident would result from this work?		
<input type="checkbox"/> Unlikely	<input type="checkbox"/> Possible	<input type="checkbox"/> Extremely Likely
If an incident did occur, what is the likely severity?		
<input type="checkbox"/> Minor injury or damage	<input type="checkbox"/> Serious injury or moderate damage	<input type="checkbox"/> Death or major damage

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Contractor's Declaration to be completed by the Contractor	Yes	No
Have you provided a Specific Safe Work Method Statement (or other safe work procedure eg: Job Safety Analysis) for the work to be performed, which details controls measures for the hazards listed above?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been provided with any required information to implement your control measures effectively?	<input type="checkbox"/>	<input type="checkbox"/>
Are you competent to safely complete these works in an occupied area?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read the Code of Safe Working Practices for Contractors and signed the Acceptance Form?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ensured adequate segregation of works from staff, students or members of the public?	<input type="checkbox"/>	<input type="checkbox"/>
<p>I _____ of _____</p> <p style="text-align: center;">(print full name) (print Company name)</p> <p>Job title _____ (please print in full)</p> <p>a) understand my duties under Health and Safety Legislation and University of Kent Safe Working Procedures and to the circumstances in which the work will be conducted</p> <p>b) hold current certification, qualifications and licenses that are required by legislation required for this work</p> <p>c) have been provided with all required information and instruction from the University of Kent's Representative at a site induction</p> <p>d) will cease working, make safe the workplace and telephone Campus Security on 01227 823300 OR the University Representative or in their absence the designated site contact if I become aware of danger to myself or others during the period of the work</p> <p>e) I have a copy of my Risk Assessment and Method statement for the works and will review both documents if there is any change in circumstances before continuing with the job.</p> <p>f) I agree to comply with all the site safety requirements and reasonable directions given by the University of Kent's Representative.</p> <p>Signature: _____ Date: _____</p>		

Permit to Work Authorisation by the University Representative:	
I approve these works to take place under the agreed control measures and conditions identified in the Contractor's documentation on behalf of the University of Kent	
Signature: _____	
Name (in block capitals): _____	Date: _____
To be signed off by the University of Kent Representative upon completion of the works:	
<i>I have inspected the work and the work area, and believe to the best of my knowledge, that the work has been completed safely and the work area left in a safe state.</i>	
Name: _____	Signature: _____
Date: _____	Time: _____

A COPY OF THIS WORK PERMIT MUST BE GIVEN TO THE ESTATES DEPARTMENT'S HEALTH AND SAFETY ADVISER AT THE TIME IT IS ISSUED TO THE CONTRACTOR