**Permit to work Confined Spaces**

Permit number:

This permit to work will allow person(s) named in section 7 to work in confined spaces as defined in sections 1-3 so long as sections 4-7 are fully completed. No work is authorised other than that defined in section 2 and it may only take place within the dates and time scales defined in section 5.

1. **Location of work:**

2. **Details of work:**

3. **Tools to be used:**

4. **Precautions to be taken:**

 a) Provision of air movement

 b) Warning signs/barriers

 c) Communication methods

 d) PPE to be used

 e) Emergency Action plan

 f) Other

 g) Oxygen level prior to entry, minimum 18% % Date / / Time: :

5. **Oxford Brookes University person authorising work:**

 Date when permit commences (i.e. work is allowed to start): / / Time: :

 Date of expiry of permit (i.e. work must stop and roof secured): / / Time: :

 Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Designation/Job Title:

6. **Permit approval by Oxford Brookes University Safety Officer:**

 Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Job Title:

7. **Person who will directly manage the work**. I confirm that I, and those under my control, will abide by the precautions set out in sections 4 above.

 Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Designation/Job Title: Company/Department:

8. **Completion of the work (verified by signatory of section 7):**

 I hereby declare that the work detailed above is complete, area is safe and secure:

 Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Designation/Job Title: Company/Department: