**Permit to work Working at Heights**

Permit number:

This permit to work will allow person(s) named in section 7 to work at heights 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 2a/b and it can only take place within the dates and time scales defined in section 5.

1. **Location of work:**

2a. **Details of work:**

2b. **Method of access:**

3. **Tools to be used:**

4. **Precautions to be taken to reduce:**

 a) Risk of Radiation Exposure

 b) Risk of Fume Exposure

 c) Risk of Fall from Building

 d) Risk of Falling Objects

 e) Other

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: