

PARK CAMPUS PERMIT TO WORK SCHEDULE

Location/Department: TC006 /Media School

Proposal:

Permit to work will be issued to:

Named Person: _____ **Signature:** _____

Date of issue:

Date(s) & Time(s) of works/shoot:

Technician in Charge:

Name: _____ **Signature:** _____

Permit Issued by:

Name: _____ **Signature:** _____

Condition(s) of Permit:

1	Named Permit Holder to be on location at all times.
2	Technician or other person to be on location when absent.
3	No work to take place until fire sensors have been covered/isolated and extractor fans have been activated.
4	Doors to be kept closed at all times to prevent smoke escaping and activating other sensors.
5	In the event of a Fire Alarm activation, please evacuate the building by the nearest available Fire Exit.
6	Equipment should not be left unattended due to security risk (except in Fire evacuation)
7	All smoke to have been cleared from the room to allow for reactivation of the fire sensors at 16:45 hrs
8	Technician to liaise with Security/Caretakers to ensure re-enablement of Fire Sensors.

Permit to Work will be returned to Technician

Time: _____ **Date:** _____
By Name: _____ **Signature:** _____
Technician : _____

Name: _____ **Signature:** _____

Time: _____ **Date:** _____