

APPENDIX

APPROVAL FORM FOR WORK PERFORMED OUTSIDE NORMAL WORKING HOURS WHICH MAY POSE A HIGHER RISK TO INDIVIDUALS BECAUSE OF REDUCED AVAILABILITY OF EMERGENCY ASSISTANCE

Name and address of building			
School/Department			
Room number/s to be used			
Name/s of member of staff/researcher/student			
Title and outline of activity or work (e.g. student event, lab/workshop work, office work, sports event, meeting/conference, cooking activities)			
Confirmation that a risk assessment has been undertaken	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Confirmation that it has been explained to those involved in the work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are the following in use?	Hazardous substances	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Powered machinery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Processes that may increase fire risks (describe briefly)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other high risk activities (describe briefly)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will children be invited onto the premises as part of the activity or as guests?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (describe briefly)	
Will animals be brought onto the premises as part of the activity or for other reasons?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (describe briefly)	
Are visitors required to be on site at this location? If so, provide individual or group names	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are the people working/visiting fully aware of emergency procedures for:	Evacuation	Accident reporting	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is assisted evacuation required for you or others? You must notify Security before you work after 5pm or at weekends if you or others involved are unable to leave the building unaided in an emergency.	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Your PEEP should identify routes/equipment required for your safe evacuation. You must include visitors and/or persons involved in the activity in the activity risk assessment and inform security).	
Activity or work start and finish dates	Start date	Finish date	
Contact telephone number(s)			
Signature of Supervisor		Date	
Signature of Director		Date	

This form must be emailed to Security Services by the Director or appointed representative.