**TUOM_4COL**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERMIT for apparatus to run overnight** | | | | | | | | | | | | | | | | | | | | |
| Building: |  | | | | | | | | | | Room: | |  | | | | | | | |
| Supervisor: |  | | | | | | | | | | Extension: | | | | | |  | | | |
| Operator: |  | | | | | | | | | | Phone No: | | | | | |  | | | |
| Duration of Permit:  (Max 1 year) | | | | From: | | |  | | | | | To: | |  | | | | | | |
| Description / Nature of Apparatus : | | | | | | | | | | | | | | | | | | | | |
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| Restrictions for out-of-hours use : | | | | | | | | | | | | | | | | | | | | |
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| Are the following services required and checked? | | | | | | | | | | | | | | | | | | | | |
| Water cooling | |  | | | | Gas | |  | | Extreme Temp | | | | | |  | | | Connections secure?  YES / NO | |
| Electric Current | |  | | | | Fume Cupboard | |  | | Other? | | | | | |  | | |
| **Ref no. of all relevant safety assessments** (These must include overnight operation of apparatus) | | | | | | | | | | | | | | | | | | | | |
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| In case of emergency – What is the procedure for making safe? | | | | | | | | | | | | | | | | | | | | |
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| In case of emergency – Details of out-of-hours emergency number (s) | | | | | | | | | | | | | | | | | | | | |
| Name & number: | | |  | | | | | | Name & number: | | | | | |  | | | | | |
| **Approval** | *I confirm this individual has received the appropriate training and is competent at this procedure. They understand the hazards and will follow all the control measures and safe systems of work.* | | | | | | | | | | | | | | | | | | | |
| Supervisor’s Name | | | | | | | | Signature | | | | | | | | | | | Date |
|  | | | | | | | |  | | | | | | | | | | |  |