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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 |
|  |  |  |