



## ESTATES OFFICE

<b>(C) OUT OF HOURS PERMIT (OHP)</b>		<b>OHP Ref No:</b>
<b>This OHP is requested in connection with Permit to Work (PTW) Ref:</b>		
An out of Hours Permit is required for any operation required to be undertaken outside of the Institute opening hours as follows:		
<b>Term Time:</b>		
Main Campus	Mondays to Thursdays	8.30am to 10.00pm
	Fridays and Saturdays	8.30am to 6.00pm
	Sundays	Closed
Buildings K & L	Mondays to Fridays	8.30am to 6.00pm
	Late openings Tue, Wed & Thur	6.00pm to 10.00pm
<b>Non-Term Time:</b>		
All Buildings	Mondays to Fridays	8.30am to 6.00pm
	Saturdays and Sundays	Closed
<b>All Buildings are closed on Bank and Public Holidays.</b>		
<b>Contractor's Name:</b>		<b>OHP Request Date:</b>
<b>Contact Name:</b>		<b>Contact Phone No:</b>
		<b>Email Address:</b>
<b>Location where Out of Works to be undertaken:</b>		
<b>Description of Out of Hours Works to be undertaken:</b>		
<b>Number of operatives requiring out of hours access:</b>		
<b>Out of Hours Works commencement time &amp; date:</b>		
<b>Out of Hours completion time &amp; date:</b>		
<b>REQUIRED PRECAUTIONS DETAILS</b>		<b>Delete as appropriate</b>
<b>1. General Precautions</b>		
1.1 Safe systems of work are in place and will be implemented.		Yes / No
1.2 Copy of this permit to be presented to security when signing in.		Yes / No
<b>2. Are other permits required in connection with the proposed works?</b>		
2.1 Hot Works Permit (HWP) required:		Yes / No
2.2 Permit to Dig Permit (PTD) required:		Yes / No
2.3 Confined Space Permit (CSP) required:		Yes / No
2.4 Roof Access Permit (RAP) required:		Yes / No
<b>3. Other Precautions to be taken:</b> Specify additional precautions to be taken, and limitations on work, work equipment, work materials, etc.:		Yes / No / NA
I confirm that adequate safe systems of work will be maintained and that all of the required precautions noted in the above checklist will be undertaken. I further confirm that all operatives will sign in with Security at commencement of out of hours works and sign out on completion.		
<b>PERMIT APPROVAL</b>		
<b>Contractor Signature:</b>	<b>Print Contact Name:</b>	<b>Date:</b>
<b>Approver Signature:</b>	<b>Print Approver Name:</b>	<b>Date:</b>
<b>Permit Cancelled by:</b>		<b>Date:</b>