Ollscoil Teicneolaíochta an Oirdheiscirt
South East Technological University

GENERAL WORK PERMIT

This permit is for any Contractor engaged by SETU WATERFORD. Particular care and caution is required while performing any type of work on the Campus. No work is permitted to proceed without completing this Permit and other relevant documentation and Permits.

GENERAL INFORMATION	
Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Description Works:	
Commencement time & date:	
Completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Confirm the Contractor and his personnel will comply with applicable Health, Safety & Welfare legislation?	☐	☐
• Has the Contractor completed and returned the Contractor Health, Safety & Welfare Form?	☐	☐
• Has the Contractor completed the Campus Induction?	☐	☐
• Has a Risk Assessment been carried out specifically identifying the risks associated Works?	☐	☐
• Have the Risk Assessment Control Measures/Actions been implemented?	☐	☐
• Does the Contractor have a current H&S Statement relevant to the proposed works?	☐	☐
• Is the Contractor's Public & Employers Liability Insurance policies up to date?	☐	☐
• Is a Roof Access Permit required?	☐	☐
• Is a Work at Height Permit required?	☐	☐
• Is a Hot Works Permit required?	☐	☐
• Is an Electrical Work Permit required?	☐	☐
• Is a Smoke Detector Isolation Permit required?	☐	☐
• Is a Confined Space Works Permit required?	☐	☐
• Is an Excavation Permit required?	☐	☐
• Is a Line Break Permit required?	☐	☐
• Is a Contractor Parking Permit required?	☐	☐
• Confirm the Contractor will provide personnel with adequate PPE /equipment/plant?	☐	☐
• Confirm the Contractors personnel have received adequate training?	☐	☐
• Confirm the Contractors personnel are competent to perform the work?	☐	☐
• Is there any particular precautions or issues connected with Mechanical Installations?	☐	☐
• Is there any particular precautions or issues connected with Electrical Installations?	☐	☐
• Is there any particular precautions or issues connected with Gas Service Installations?	☐	☐

Please describe any issues/precautions:

_____

_____

_____

_____

DECLARATION & SIGNATURE

I confirm that adequate safe systems of work will be maintained and that all of the required precautions for General Work on the SETU WATERFORD Campus will be undertaken, and the information provided in this form is true and accurate.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	
AUTHORISATION on behalf of SETU WATERFORD	
Name (in BLOCK CAPITALS):	
Signature:	
Date:	
PERMIT RETURN DATE & SIGNATURE	

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South East Technological University

ROOF ACCESS PERMIT

DEATH OR SEVERE INJURY IS CERTAIN SHOULD A PERSON FALL FROM A ROOF TOP, OR SHOULD AN OBJECT FALL FROM A ROOF TOP AND HIT A PERSON BELOW. This permit is intended to address the specific risk of a person falling, or objects falling from roof tops. The type of work/activity/operation being undertaken while on the roof top will be addressed separately.

This permit is for Contractors engaged by SETU Waterford to carry out works which involves access to an outside roof on a Campus building. Accessing a roof top is an extremely hazardous activity. There are a variety of roof types on the various buildings in SETU Waterford, with different gradients, heights, level, surface finish materials, structural make up, plant and equipment, access methods, roof safety systems etc.

Access without the Estates Office permission via the completion of this Roof Access Permit is STRICTLY PROHIBITED.

GENERAL INFORMATION	
Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Building Roof to be accessed:	
Type of Hot works to be undertaken:	
Roof Access commencement time & date:	
Roof Access completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Has a Risk Assessment been carried out specifically identifying the risks associated with working on the roof of the building?	☐	☐
• Have the highlighted risks and hazards from the Risk Assessment been eliminated or reduced to an appropriate level by implementing the identified Control Measures?	☐	☐
• Has a specific Methodology been prepared to eliminate or reduce the risks to appropriate levels been Prepared and will it be implemented?	☐	☐
• Have the Contractors personnel been provided with suitable training or instruction by the Contractor for working on the roof?	☐	☐
• Do the Contractors personnel who are going to access the roof have suitable PPE for working on the roof?	☐	☐
• Have the Contractors personnel been provided with suitable equipment or plant to eliminate or minimise the risk of working on the roof?	☐	☐
• Has the Contractor taken all practicable precautions to prevent his personnel from falling from the roof?	☐	☐
• Has the Contractor taken all practicable precautions to prevent objects falling from the roof?	☐	☐
• Has the Contractor taken all practicable precautions or to eliminate or reduce the risk of working on the roof?	☐	☐
• Lone Worker roof access will only be permitted in exceptional cases - has a specific Lone Working procedure been prepared and will it be implemented by the Contractor?	☐	☐
• A key may be provided for roof access doors/gates for long term works, will the Contractor ensure doors/gates are closed and locked when entering the roof area, and when exiting the roof area at any time?	☐	☐
• Has the Contractor taken all practicable precautions or to eliminate or reduce the risk of working on the roof?	☐	☐
• Has all the relevant information regarding roof access been supplied to the SETU Waterford Estates Office?	☐	☐

If the checklist above contains any No, please provide description below and do not, under any circumstances access Roof Areas without liaising with SETU Waterford Estates Office and obtaining approval:

_____

_____

DECLARATION & SIGNATURE	
I confirm that adequate safe systems of work will be maintained and that all of the required precautions for Roof Access will be undertaken, and the information provided in this form is true and accurate.	
Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	
AUTHORISATION on behalf of SETU Waterford	
Name (in BLOCK CAPITALS):	
Signature:	
Date:	
PERMIT RETURN DATE & SIGNATURE	

WORKING AT HEIGHT PERMIT

This permit is for Contractors engaged by the SETU Waterford to carry out works which involves Working at Heights. Work at Height is work in any place, including a place at, above or below ground level, where a person could be injured if they fell from that place. Access and egress to a place of work can also be work at height. Select examples of Working at Height: working on ladders, trestles, flat roofs, erecting false work or formwork, working at ground level adjacent to an excavation, working on formwork within an excavation, working near or adjacent to fragile materials, working on scaffoldingor Mobile Elevated Working Platforms (MEWPs) etc.

GENERAL INFORMATION	
Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Description of Work at Height to be undertaken and MEWPs, equipment, machinery to be used:	
Work at Height commencement time & date:	
Work at Height completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Has a Risk Assessment been carried out specifically identifying the risks associated with working at height?	☐	☐
• Have the Risk Assessment Control Measures/Actions been implemented?	☐	☐
• Have the Contractors personnel been provided with suitable training or instruction by the Contractor for Working at Height?	☐	☐
• Have the relevant Contractors personnel received training and qualifications to operate MEWPs?	☐	☐
• Has all plant and equipment to be used been maintained, serviced and checked to ensure it is safe to use?	☐	☐
• Will the Contractor assess if weather conditions are suitable and safe before commencing Work at Heights (if applicable)?	☐	☐
• Have the Contractors personnel who are going to Work at Height have suitable PPE?	☐	☐
• Have the Contractors personnel been provided with suitable equipment for Working at Heights?	☐	☐
• Has the Contractor taken all practicable precautions to prevent his personnel from falling from heights?	☐	☐
• Has the Contractor taken all practicable precautions to prevent objects falling from heights?	☐	☐
• Has the Contractor taken all practicable precautions or to eliminate or reduce the risk of Working at Heights?	☐	☐

If the checklist above contains any No, please provide further details and description below:

_____

_____

_____

DECLARATION & SIGNATURE

I confirm that adequate safe systems of work will be maintained and that all of the required precautions for Working at Heights will be undertaken, and the information provided in this form is true and accurate.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	
AUTHORISATION on behalf of SETU Waterford	
Name (in BLOCK CAPITALS):	
Signature:	
Date:	

PERMIT RETURN DATE & SIGNATURE

ELECTRICAL WORK PERMIT

This permit is for any Contractor engaged by SETU Waterford who will carry out work Electrical Works. Electricity can severely injure or kill people, and can cause damage to buildings and property from the effect of fires and explosions.

GENERAL INFORMATION	
Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Description of Electrical Works:	
Commencement time & date:	
Completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Confirm the Contractor and his personnel will comply with Part 3 (Regulation 74 to 93) of the 2007 Safety Health & Welfare at Work (General Application) Regulations?		
• Has a Risk Assessment been carried out specifically identifying the risks associated Works?		
• Have the Risk Assessment Control Measures/Actions been implemented?		

Type of electrical work being undertaken (please specify):	
Hazards associated with the work (Residual hazards and hazards introduced by the work):	
Points at which the equipment is isolated:	
Safety locks have been fitted at the following points:	
Potential tests have been carried out at:	
The equipment is efficiently connected to the earth at the following points (if applicable):	
Signage/ notices have been posted at:	
Other procedures:	

ELECTRICAL ISOLATION - DECLARATION & SIGNATURE

I_____the Contractors Authorised Person hereby declare that the equipment has been made dead, isolated from all live connections and earthed (if applicable). Safety locks are held by personnel conducting the work. All personnel involved have been informed.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	

AUTHORISATION on behalf of SETU Waterford

Name (in BLOCK CAPITALS):	
Signature:	
Date:	

PERMIT RETURN DATE & SIGNATURE

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South East Technological University

HOT WORKS PERMIT

This permit is for Contractors engaged by SETU Waterford to carry out works which involves Hot Works e.g. any activity that involves open flames or producing heat or sparks. This includes grinding, welding, drilling, brazing, cutting with oxyacetylene, soldering and use of heat-guns or blow torches. It is also required for lighting controlled-fires.

GENERAL INFORMATION

Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Location where Hot Works to be undertaken:	
Type of Hot Works to be undertaken:	
Hot Works commencement time & date:	
Hot Works completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No	N/A
• Has the area of the works been examined for fire risk?	☐	☐	☐
• Are there any combustible liquids, vapours, dust or gases in the vicinity of the works?	☐	☐	☐
• Will the floor within 20m been swept clean of combustible materials and/or made safe as appropriate?	☐	☐	☐
• Have combustible materials within 20m to be removed or made safe?	☐	☐	☐
• Have wall and floor openings within 20m been covered with sheets of non-combustible material?	☐	☐	☐
• Will the Hot Work will be undertaken by and under supervision of trained personnel?	☐	☐	☐
• Will a fire extinguisher will be kept at the work area for the duration of the Hot Works?	☐	☐	☐
• Does the Person undertaking the hot work know how and where to activate the fire alarm system?	☐	☐	☐
• Will smoke detectors or other elements of the fire detection system require to be isolated?	☐	☐	☐
• Is the person undertaking the Hot Works aware of the Smoke Detector Dust Cap Procedure?	☐	☐	☐
• Will the Contractor notify the Estates Office at the commencement and on completion of the work?	☐	☐	☐
• Are the Hot Works going to be carried out on composite roof or wall claddings panels?	☐	☐	☐
• If the Hot Works is above floor level, will non-combustible curtains or sheets be suspended beneath the work to collect the sparks?	☐	☐	☐
• If Hot Works are to be carried out in an enclosure, will enclosure be cleaned of all combustible substances, and be made free of flammable vapours and airborne particles?	☐	☐	☐

If the checklist above contains any No or Not Applicable (N/A), please provide description below and do not, under any circumstances commence Hot Works without liaising with SETU Waterford Estates Office and obtaining approval:

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_____

_____

FIRE WATCH

Post completion (or interruption or unplanned stoppage) of the Hot Works, the Contractor must remain in attendance for 45 minutes to inspect the area and all adjacent areas where sparks and heat may have spread to ensure that there is no smouldering combustible materials.

Where the fire detection system has been temporarily isolated, or where the Smoke Detector Dust Cap Procedure has been in effect, a fire watch will be maintained until the Fire Detection System has been fully reinstated to normal working conditions.

DECLARATION & SIGNATURE

I confirm that adequate safe systems of work will be maintained and that all of the required precautions noted in the above checklist for Hot Woks will be undertaken. I further confirm that all aspects of the fire detection system temporarily isolated will be reinstated upon completion of the works.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	

AUTHORISATION on behalf of SETU Waterford

Name (in BLOCK CAPITALS):	
Signature:	
Date:	

PERMIT RETURN DATE & SIGNATURE

Ollscoil Teicneolaíochta an Oirdheiscirt
South East Technological University

SMOKE DETECTOR ISOLATION PERMIT

This permit is for contractors engaged by SETU Waterford to carry out works requiring the temporary covering of smoke detectors using Dust Caps to prevent unnecessary fire alarm activations. The procedure is specifically related to the application of dust caps to smoke detectors, and does not deal with the risks associated with carrying out work that generates dust, smoke, fumes or other hazardous airborne particles. The covering of smoke detectors creates the significant risk of eliminating primary smoke and fire detection in the area of the building concerned. In the event that signs of smoke, or fire are noticed in the area by the Contractor or his employees, they must immediately evacuate the building and set off the fire alarm by activating a red Break Glass Unit.

GENERAL INFORMATION	
Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Description Works requiring smoke detector isolation:	
Work commencement time & date:	
Works completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Has a Risk Assessment been carried out specifically identifying the risks associated with isolating smoke detectors?	☐	☐
• Have the Risk Assessment Control Measures/Actions been implemented?	☐	☐
• Confirm the Contractor will follow the Smoke Detector Isolation Procedure?	☐	☐
• Confirm the Contractor is aware of the risks associated with isolating smoke detection?	☐	☐
• Confirm the Contractor will carry out hourly inspections of the area for signs of fire risks?	☐	☐
• Have the Contractors personnel who are going to work in the space have suitable PPE?	☐	☐
• Confirm that a Hot Works Permit will be completed if Hot Works are due to be carried out in the space(s)?	☐	☐
• Confirm the Contractor will not exit the area of work without removing dust cap(s)?	☐	☐
• Confirm the Contractor will complete the Smoke Detector Isolation Log Book (see Smoke Detector Isolation Procedure?	☐	☐

If the checklist above contains any No, please provide further details and description below:

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_____

DECLARATION & SIGNATURE	
I confirm that adequate safe systems of work will be maintained and that all of the required precautions for Isolating Smoke Detectors will be undertaken, and the information provided in this form is true and accurate.	
Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	
AUTHORISATION on behalf of SETU Waterford	
Name (in BLOCK CAPITALS):	
Signature:	
Date:	
PERMIT RETURN DATE & SIGNATURE	

CONFINED SPACE WORK PERMIT

This permit is for any Contractor engaged by SETU Waterford who will carry out work in a Confined Space. Confined Space refers to any place, including any vessel, tank, container, pit, bund, chamber, cellar or any other similar space which, by virtue of its enclosed nature, creates conditions that give rise to a likelihood of an accident, harm or injury of such a nature as to require emergency action due to the presence or reasonable foreseeable presence of flammable or explosive atmospheres, harmful gas or fume or vapour, free flowing solid or an increasing level of liquid, excess of oxygen, excessively high temperature or the lack or reasonably foreseeable lack of oxygen.

GENERAL INFORMATION

Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Description of Confined Space Works:	
Confined Space Works commencement time & date:	
Confined Space Works completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Confirm the Contractor will comply with the requirements of The Safety, Health and Welfare at Work (Confined Spaces) Regulations 2001?	☐	☐
• Confirm the Contractor will adhere to the HSA Code of Practice for Working in Confined Spaces?	☐	☐
• Has a Risk Assessment been carried out specifically identifying the risks associated with Confined Spaces?	☐	☐
Have the Risk Assessment Control Measures/Actions been implemented?	☐	☐
• Have the Contractors personnel been provided with suitable training or instruction by the Contractor for Working in Confined Spaces?	☐	☐
• Have the Contractors personnel received training and qualifications to operate equipment for working in Confined Spaces?	☐	☐
• Has all equipment to be used been maintained, serviced and checked to ensure it is safe to use?	☐	☐
• Have the Contractors personnel who are going to work in the space have suitable PPE?	☐	☐
• Confirm testing of atmosphere in space(s) will be carried out and results submitted to SETU Waterford prior to works commencing?	☐	☐
• Confirm that space will be securely isolated from all sources of ingress of dangerous fumes, liquids, water, steam, materials etc. whilst works are being undertaken?	☐	☐
• Confirm that space will be purged of all dangerous fumes, liquids, water, steam, materials etc. prior to works commencing?	☐	☐
• Confirm that space will be securely isolated from all energy sources including electrical power, mechanical power, heat etc.?	☐	☐
• Confirm that a Hot Works Permit will be completed if Hot Works are due to be carried out in the space(s)?	☐	☐
• Has the Contractor taken all practicable precautions or to eliminate or reduce the risk of Confined Spaces?	☐	☐

If the checklist above contains any No, please provide further details and description below:

_____

_____

_____

DECLARATION & SIGNATURE

I confirm that adequate safe systems of work will be maintained and that all of the required precautions for Working in Confined Spaces will be undertaken, and the information provided in this form is true and accurate.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	

AUTHORISATION on behalf of SETU Waterford

Name (in BLOCK CAPITALS):	
Signature:	
Date:	

PERMIT RETURN DATE & SIGNATURE

EXCAVATION WORK PERMIT

This permit is for Contractors engaged by SETU WATERFORD to carry out works on Campus which involve excavations. An excavation is defined as any dig in excess of 300mm below the existing surface level, whether carried out by hand or by mechanical means

GENERAL INFORMATION	
Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Location where Excavations to be undertaken:	
Description of Excavation Works to be undertaken:	
Excavation works commencement time & date:	
Excavation works completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Is a Safe System of Work in place and will it be implemented?	☐	☐
• Does the dig involve deep excavations i.e. greater than 1.25m?	☐	☐
• Have the proposed dig location(s) been surveyed for presence of existing services?	☐	☐
• Have underground services been established in the location of the excavation(s)?	☐	☐
• Are there any overhead lines in the vicinity of the excavations?	☐	☐
• Will secure hoardings, barriers, guardrails, toe boards, signage be provided as required?	☐	☐
• Has a Risk Assessment being carried out and control measures actioned?	☐	☐
• Other Precautions – please provide details of additional precautions to be taken, and limitations on work, work equipment, work materials etc:	☐	☐

_____

_____

_____

_____

DECLARATION & SIGNATURE	
I confirm that adequate safe systems of work will be maintained and that all of the required precautions for Excavations will be undertaken, and the information provided in this form is true and accurate.	
Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	
AUTHORISATION on behalf of SETU Waterford	
Name (in BLOCK CAPITALS):	
Signature:	
Date:	
PERMIT RETURN DATE & SIGNATURE	

LINE BREAK PERMIT

This permit is for any Contractor engaged by SETU who will carry out work involving breaking or opening up of pipe-work. This permit applies to all situations where pipe-work requires opening up and where hazardous contents may leak or where residual deposits may be present. The permit covers any work necessary to facilitate the line been broken e.g. pressure-relief, valve-closures, flushing, block & bleed, venting, electrical isolation, alarm circuit break. A suitable protective face-shield and gloves may need to be worn when breaking line e.g. pressure etc.

GENERAL INFORMATION	
Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Description of Line Break Works:	
Line Break commencement time & date:	
Line Break completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Has a Risk Assessment been carried out specifically identifying the risks associated with Line Break Works	☐	☐
• Have the Risk Assessment Control Measures/Actions been implemented?	☐	☐
• Has a specific Methodology been prepared for the Line Break(s)?	☐	☐
• Have the Contractors personnel been provided with suitable training or instruction by the Contractor for carrying out Line Breaks?	☐	☐
• Have the Contractors personnel received training and qualifications to operate equipment for carrying out Line Breaks?	☐	☐
• Has all equipment to be used been maintained, serviced and checked to ensure it is safe to use?	☐	☐
• Do the Contractors personnel who are going to perform the work have suitable PPE?	☐	☐
• Confirm that a Hot Works Permit will be completed if Hot Works are due to be carried out?	☐	☐
• Has the Contractor taken all practicable precautions or to eliminate or reduce the risk of Line Breaks?	☐	☐
• Has the relevant documentation been submitted to SETU Waterford?	☐	☐

If the checklist above contains any No, please provide further details and description below:

_____

_____

Please outline the risks identified and the control measures taken:

_____

_____

_____

_____

will be undertaken, and the information provided in this form is true and accurate.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	
AUTHORISATION on behalf of SETU Waterford	
Name (in BLOCK CAPITALS):	
Signature:	
Date:	