



TUS

Ollscoil Teicneolaíochta na Sionainne:
Lár Tíre, An tIarthar Láir
Technological University of the Shannon:
Midlands Midwest

**APPROVAL FORM
FOR
OUT OF HOURS WORKING**

This form is to be completed by Head of Department/Function for each person requiring "out of hours" access.

Name: _____

Department: _____

Locations where work will be conducted: _____

Purpose of work: _____

Date permission requested: _____

Specified hours: _____

Duration requested: _____

Contact no: _____

Listing of Authorised Activities	Risk Category A/B/C/D	Colleague Required Yes/No

Name of Colleague (where required) _____

CHECKLIST

For out of hour operations

- Are work permits required
- Close all windows and doors
- Shutdown of equipment
- Risk Assessment completed

EMERGENCY CONTACT NO.S - 0112 or 0999

Signature of Head of Department/Function	_____	Date:	_____
Signature of person requesting access	_____	Date:	_____
Signature of Estates Manager	_____	Date:	_____
Duration of access granted:	_____		