

ESTATES OFFICE						
C) OUT OF HOURS PERMIT (OHP)				OHP Ref No	OHP Ref No:	
This OHP is requested in connection with Permit to Work (PTW) Ref:						
An out of Hours Permit is required for any operation required to be undertaken outside of the Universities opening hours as follows:						
Term Time: All Buildings: Main Campus, Buildings K & L, Clarion 8 Building:						
Monday to Thursday			8.30am to 10.00pm			
Fridays and Saturdays			8.30am to 6.00pm			
		Sundays	Closed			
Non-Term Time:						
All Buildings: Main Campus, Buildings K & L Clarion 8 Building:						
Monday to Friday			8.30am to 6.00pm			
-		Saturdays and Sundays	Closed			
All Buildings are closed on Bank and Public Holidays.						
Contractor's Name: OHP Request Date:				te:		
Contact Name: Contact Phone N				o:		
E			Email Address:	Email Address:		
Location where Out of Works to be undertaken:						
Description of Out of Hours Works to be undertaken:						
Number of operatives requiring out of hours access:						
	•	commencement time & date:				
Out of Hours completion time & date:						
REQUIRED PRECAUTIONS DETAILS					Delete as appropriate	
1. General Precautions						
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	
2. Are other permits required in connection with the proposed works?					Yes / No	
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	
3. Other Precautions to be taken: Specify additional precautions to be taken, and limitations on work, work equipment, work materials, etc.:				en, and	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.						
PERMIT APPROVAL						
Con	tractor Signature	: Print Contact Nam	e:	Date:		
Approver Signature:		Print Approver Na	Print Approver Name:		Date:	
Permit Cancelled by:				Date:		
				2 3.30		