



ACCESS / PERMIT TO WORK FORM	
Fax 01342 310870	Tel: 01342 318489

A signed copy of this form MUST be submitted by FAX by 10 am, 7 working days prior to start of works.

FOR USE BY SERCO INTEGRATED TRANSPORT ONLY

a) Permit Number:..... (This will be allocated once all relevant information has been supplied.)
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FOR USE BY PERMIT REQUEST ORIGINATOR

b) Company Name:	c) Engineer(s) carrying out work:
d) Requested By:	e) Contact Numbers: Tel:..... Fax:.....
f) Work to Commence: Date Time	g) Work to Finish: Date Time
h) Will alarms be generated? Enter none or give details.	i) Is the work Service affecting? Enter none or give details.
j) Site/Location Name & ID. 	k) Is the work a software change. YES / NO if yes, the section "police / end user consent" must be completed prior to the application being returned to Serco.

l) Work description in full. A detailed method statement must be included. m) Risk assessments must have been documented and held by the applicant. n) If the dates in section f) and g) are not the same, a programme of works must be submitted.
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DECLARATION TO BE COMPLETED BY PERMIT REQUEST ORIGINATOR

I/We undertake to carry out the above work and only the above work, observing all current safety practices. Where necessary, additional precautions will be taken which may entail, though not be limited to, the provision of the following procedures or supply of PPE:

- | | |
|----------------------------------|-------------------------------------|
| Isolation from supply | Authority to Work Form (Electrical) |
| Protective clothing | Climbing Permit (Masts/Heights) |
| Climbing equipment | Warning signs |
| Access Permits (Confined Spaces) | Insulated tools |
| Anti-static precautions | Hard hats |
| Risk Assessments | Risk Control Systems |

Signature Name.....

ADDITIONAL NOTES OR COMMENTS RELEVANT TO THE APPLICATION

POLICE / END USER CONSENT

I hereby confirm that the implications of the above software change have been explained to me, to my satisfaction, and that documentation has been provided.

Name..... Position..... Number.....

Signature Date.....

AUTHORISATION TO BE COMPLETED BY SERCO INTEGRATED TRANSPORT

I hereby authorise the above mentioned person/persons to carry out the work as described above. This permit must be in the hands of the person(s) carrying out the specified tasks.

Date

Signature Name.....

CONTACT ARRANGEMENTS

Please contact on arrival at site. Contact number.....