

# NOTIFICATION TO FACILITIES MANAGEMENT/CAMPUS SECURITY OF WORK IN PROGRESS

<input type="checkbox"/> <b>'High impact' process at any time</b> (Potential for explosion, fire, major release of hazardous substances affecting operations outside immediate vicinity)	<input type="checkbox"/> <b>Unattended running of apparatus</b> (outside normal hours)			
<b>Location of process (building, room number):</b>				
<b>Brief description of process (apparatus/equipment/machinery, chemicals in use):</b>				
<b>From Time (24 hour clock)/Date:</b>	<b>To Time (24 hour clock)/Date:</b>			
<b>Continuous process/Intermittent process (give details):</b>				
<b>In case of emergency contact (print clearly):</b>				
	Name	Position held	Address	Tel. No. <small>(in and outside of normal hours)</small>
1	0000			
2				
<b>Full details of risk process and risk assessment available from (eg Faculty/Directorate, shared drive, Intranet):</b>				
<b>Special instructions in case of power failure or other emergency (print clearly):</b>				
<b>Where applicable, please give isolation points for:</b>				
Electricity:		Compressed gas(es):		
Gas:		Compressed air:		
Water:		Vacuum:		
other services (specify and give isolation point):				

**Signed by (Person conducting process)**

Name (Block Caps):  Signature:  Date:

**Countersigned by (Manager or Supervisor)**

Name (Block Caps):  Signature:  Date:

**Please place this form in a plastic sleeve on or near the apparatus.**

**Copies for:** Campus Facilities Management Office/Security. NB: Return to countersigning officer on expiry. Faculty/Directorate file.