This approval form should be completed in line with the Medway Out of Hours policy and approved by the correct person(s) – Out of hours access will not be permitted where the application does not meet the policy requirements.

| Details of member of staff/researcher/student that will be in attendance during the period: | | |
| --- | --- | --- |
| Name: | University ID Number: | Faculty/Directorate: |
|  |  |  |
|  |  |  |
|  |  |  |
| Are visitors required to be onsite during the activity? YES / NO (please delete as appropriate)  Please provide individual or group name: | | |
| Is assisted evacuation required for anyone in attendance? YES / NO (please delete as appropriate) | | |
| If yes, has a Personal Emergency Evacuation Plan (PEEP) been completed? YES / NO (please delete as appropriate) | | |

| Activity Details – please briefly describe the work being undertaken and reason why the work must be undertaken out of normal hours: | |
| --- | --- |
|  | |
| Are the following in use during the activity? Briefly describe | |
| Hazardous substances |  |
| Powered machinery |  |
| Processes that may increase fire/explosion risk |  |
| Other high-risk activities  e.g. working at height |  |

| Date(s), times and locations of when Out of Hours access is required: | | | |  |
| --- | --- | --- | --- | --- |
| Date | Time | Location | Approval – to be signed by authorised approver as per the policy or Indicate not approved[[1]](#footnote-1) | Call Out Responsible Person – where required.[[2]](#footnote-2) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

On Call Supervisor Contact Details:

Name: Contact Telephone Number:

Applicant Declaration:

The applicant confirms that a risk assessment has been undertaken and signed for the work detailed above (attached to this form)

The applicant confirms, where applicable, all necessary work permits have been made to Estates and Facilities Directorate.

Where lone working is taking place, the applicant confirms that a lone working risk assessment has been completed and signed (attached to this form)

The applicant understands that they may be required by a Security Officer to leave the building due to an incident and confirms that they will comply with requests.

The applicant has registered and understands how to use the SafeZone application and agrees to check into SafeZone for the duration of the out of hours period and check out when the activity has been completed.

The applicant is aware that cleaners will be cleaning buildings before 08:30 hours and should be allowed to carry out their work without interruption.

Applicant (Signature): Applicant (Print Name):

Date:

To be completed by the appropriate approver(s)

Authorising PVC / FOO / Dir. of NRI/ Deputy Dir. of NRI (please delete as appropriate)

I confirm that the application meets the requirements of the Out of Hours Working policy, where approval is given to the activities for the dates, times and locations set out in this application.

(Signature):

(Print name):

Date:

I, the Supervisor/HoD, confirm that the applicant is appropriately trained for the activity listed above and the information given in the application is correct and the Out of Hours Working is justified.

Authorising Supervisor/HOD

(Signature):

(Print name):

Date:

1. Approval must be separately given to each date, time and location. Where approval is not given it should be clearly noted. [↑](#footnote-ref-1)
2. Call out responsible person must be arranged prior to the application being made and approved. [↑](#footnote-ref-2)