

## Request for Access Authorisation to a Duct / Roof / Plant Room or similar space

**Staff name:** *(requesting access)* .....

**Main contractor name:** *(if applicable)* .....

**Sub-contractor name:** *(if applicable)* .....

**Name of nominated person/s requiring access:** .....

**Reason for access:** .....

.....

**Access required to:** .....

**Date and anticipated duration access is required:** .....

*Please confirm by way of ticking the boxes and signing below that the following is in place;*

The organisation / individual is Approved by the Faculty / Service to access such spaces and to undertake the activity as stated above.

The organisation *(where applicable)* has suitable Public Liability insurance cover in place.

Any work activity will be managed by the Faculty / Service.

Suitable Risk Assessments are in place for this activity.

**I the undersigned can confirm that the above checks have been undertaken.**

Signed: ..... Date: .....

Position: ..... Tel. no: .....

**This form MUST be countersigned by Health & Safety Co-ordinator / Health Safety  
Manager prior to submission.**

Signed: ..... Date: .....

**Please report /forward the completed form to Estates Helpdesk  
[eshelp@leeds.ac.uk](mailto:eshelp@leeds.ac.uk). Where feasible please allow 48 hours notice.**