

Request to FD Estates to Access Ducts, Roofs, Risers, Plant Rooms and Similar Spaces

Staff name: *(requesting access)*

Main contractor name: *(if applicable)*

Sub-contractor name: *(if applicable)*

Name of nominated person/s requiring access:

Access required to:

Reason for access: *(e.g. actual work or survey to gather information)*

.....

.....

Date & Anticipated Duration of Access:

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.

Name: Signed:

Position: Date: Tel no:

**This form MUST be countersigned by a Health & Safety Co-ordinator / Faculty Safety
Manager or Nominated Individual.**

Name: Signed:

Position: Date: Tel no:

**Please report /forward the completed form to Estates Helpdesk
eshelp@leeds.ac.uk. Where an Escort is required, please allow 48 hours' notice.**

Facilities Directorate Health and Safety Management					
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