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.

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<thead>
<tr>
<th>Facilities Directorate Health and Safety Management</th>
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<tr>
<td>Document No.</td>
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