



This permit is for any Contractor engaged by AIT Estates Office who will carry out work on campus which is not defined by a site boundary. The AIT Campus is a live third level education institute with approx. 5000 students, 800 staff and vast amount of visitors including children. Particular care and caution is required while performing any type of work on the Campus. No work is permitted to proceed without completing this Permit and other relevant documentation and Permits.

GENERAL INFORMATION

Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Description Works:	
Commencement time & date:	
Completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Confirm the Contractor and his personnel will comply with applicable Health, Safety & Welfare legislation?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the Contractor completed and returned the Contractor Health, Safety & Welfare Form?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the Contractor completed the Campus Induction?	<input type="checkbox"/>	<input type="checkbox"/>
• Has a Risk Assessment been carried out specifically identifying the risks associated Works?	<input type="checkbox"/>	<input type="checkbox"/>
• Have the Risk Assessment Control Measures/Actions been implemented?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the Contractor have a current H&S Statement relevant to the proposed works?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the Contractor's Public & Employers Liability Insurance policies up to date?	<input type="checkbox"/>	<input type="checkbox"/>
• Is a Roof Access Permit required?	<input type="checkbox"/>	<input type="checkbox"/>
• Is a Work at Height Permit required?	<input type="checkbox"/>	<input type="checkbox"/>
• Is a Hot Works Permit required?	<input type="checkbox"/>	<input type="checkbox"/>
• Is an Electrical Work Permit required?	<input type="checkbox"/>	<input type="checkbox"/>
• Is a Smoke Detector Isolation Permit required?	<input type="checkbox"/>	<input type="checkbox"/>
• Is a Confined Space Works Permit required?	<input type="checkbox"/>	<input type="checkbox"/>
• Is an Excavation Permit required?	<input type="checkbox"/>	<input type="checkbox"/>
• Is a Line Break Permit required?	<input type="checkbox"/>	<input type="checkbox"/>
• Is a Contractor Parking Permit required?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm the Contractor will provide personnel with adequate PPE /equipment/plant?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm the Contractors personnel have received adequate training?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm the Contractors personnel are competent to perform the work?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there any particular precautions or issues connected with Mechanical Installations?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there any particular precautions or issues connected with Electrical Installations?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there any particular precautions or issues connected with Gas Service Installations?	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the any issues/precautions:

DECLARATION & SIGNATURE

I confirm that adequate safe systems of work will be maintained and that all of the required precautions for General Work on the AIT Campus will be undertaken, and the information provided in this form is true and accurate.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	

AUTHORISATION on behalf of AIT

Name (in BLOCK CAPITALS):	
Signature:	
Date:	

PERMIT RETURN DATE & SIGNATURE

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