



SPECIAL PERMIT TO WORK IN BELL TOWER SP05

SUMMARY Date Prepared: _____ Ref. No. _____

This permit is issued to: _____

Valid from: _____ Date To: _____ Date

Location of work: _____

Short description of work, (full details including justification for the work, drawings, costs and financial responsibility attached as appropriate):

Permit prepared by (for Cathedral Bellringers): _____

Permit authorised by (Cathedral responsible person): _____

RISK ASSESSMENT & SAFETY REQUIREMENTS

NO HOT WORK (including WELDING, CUTTING, BRAZING & PAINT STRIPPING) may be carried out at any time without a HOT WORK PERMIT.

Has a Risk Assessment been carried out? YES (attached)/NO

Work shall not commence if the answer to the above is "NO" and no PERMIT TO WORK will be issued.

HAZARDS WHICH MAY BE PRESENT: (Delete as appropriate)

Falling objects	YES/NO	Falls from height	YES/NO
Electricity	YES/NO	Overhead Work	YES/NO
Moving equipment	YES/NO	Trips	YES/NO

PERSONAL PROTECTION TO BE WORN: (Delete as appropriate)

Head Protection	YES/NO	Ear Protection	YES/NO
Safety Glasses	YES/NO	Lifeline/Harness	YES/NO
Gloves	YES/NO	Paint/Dust Mask	YES/NO
Foot Protection	YES/NO	Overalls	YES/NO

PERSONS INVOLVED; EXPERIENCE & QUALIFICATIONS:

<u>NAME</u>	<u>EXPERIENCE & QUALIFICATIONS</u>	<u>APPROVED TO WORK (YES/NO)</u>



Is there a requirement for a minimum number of workers to be present at all times in case of accident or injury? YES/NO If "YES" how many? ____

EMERGENCY CONTACT TELEPHONE NUMBERS:

INSURANCE COVER

Are all the persons involved covered by the Cathedral's Public Liability & Accident Insurance while engaged in the above work? YES/NO

If "NO" do all the persons involved in the work understand the implications of proceeding with the work? YES/NO

Have the above Emergency Phone Numbers been noted by the Responsible Person? YES/NO

Confirmed: Name: _____ Signed: _____

SUPERVISION OF WORK & SIGN ON/OFF

Responsible Cathedral official who will supervise the work:

Name: _____ Signed: _____

Completion standards: criteria by which completion of the work can be determined and quality assessed.

Work signed on; date: _____ signature: _____

Work signed off; date: _____ signature: _____

ATTACHMENTS

1. Detailed scope of work including appropriate drawings.
2. Risk assessment
3. Financial justification
4. Costs estimates and payment responsibility