**LOAP not valid until Part 1 & 2 are signed**

|  |  |
| --- | --- |
| Contract / Site: | **Serial Number or identification of this permit** |
| **Risk & Method Statements (to be attached to both Original & Duplicate of this Permit)** |  |
| **General Description of work;** |
| **Location of Work if different from above**: |
| **Reason for Access & Task to be Performed;:** |  |
| Name of Person in Charge of Work Team; | Names of Work Team Authorised by Permit; |
|  |  |
| **Date & Time Permit Expires (Not > 8 Hours from Time of Issue)** | **Date:** | **Time:** |
| **Safety Check List (to be completed by Issuer of Permit)** | Issuers Initials | Date |
| Appropriate hazard information on site hazards has been briefed to the Team undertaking the Work (to include any restricted areas). |  |  |
| A Risk Assessment & Method Statement for the task has been produced and is sufficient for the task being undertaken. |  |  |
| The person in charge and Work Team are assessed as being suitably trained & competent for the task (evidence recorded) |  |  |
| The Emergency Arrangements are assessed as satisfactory & communication links have been proven |  |  |
| I am satisfied as to the suitability & serviceability of any work equipment (evidence of inspection or calibration to be recorded) |  |  |
| **Other Permits maybe required e.g. Hot working** |
| **Part 1: Issue** - To be completed by the Permit Issuer |
| Print name: |  | Permit Issuer: | Date:Time: | : Hours |
| Signature: |  | Position held: | Telephone Number: |  |
| **Part 2: Receipt** - **completed by the Person in charge receiving the permit.** I have carried out the above requirements and declare that all persons listed on this Limitation of Access Permit are familiar with both **S**afety and **E**mergency arrangements, including any hazards associated with the task. I accept responsibility for carrying out / supervising the work identified in this Permit in accordance with the risk and method produced and submitted to the Corporate Health and Safety Team / Property & Development Maintenance Manager or Streetpride Compliance Manager |
| Name: |  | Person in charge; | Date:Time: | : Hours |
| Signature: |  |  | Telephone Number: |  |
| **Part 3: Completion** - To be completed by the person in charge- I declare that work activities described in this Permit have been satisfactorily completed\*/ stopped\*. That all persons, equipment, tools & instruments under my control have been withdrawn and the site made safe. I have recorded overleaf any changes that have occurred during these works, reasons for stopping the work (if applicable) and the action taken. |
| Signature: |  | Person in charge; | Date:Time: | : Hours |
| **Part 4: Cancellation** - To be completed by the permit Issuer I declare that the work described in this Permit has been satisfactorily completed\*/ stopped\*.That all work activities are completed and that this Permit is cancelled. I have noted any changes reported overleaf and will take any necessary follow up action. I am satisfied that the site has been returned to a safe condition and is safe to operate. |
| Signature: |  | Permit Issuer: | Date:Time: | : Hours |

Notes / Sketches: