**Permit to Work- Computer and Network Distribution Centres**

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| **AREA** | **Building** | **Number** | **Room** | **Key/Card Access** | **Alarm** | **Notes** |
| 1 | Maths Building | W04 | Ground 12/13 | key + swipe card | NO | OK 9-5 |
| 2 | Whiteknights House | W027 | First 101 | Swipe Card-PIN from Security for the alarm | YES | 24/07 |
| 3 | Philip Lyle | W46 | Ground G76 | key + swipe card | NO | OK 9-5 |
| 4 | Earley Gate/ Meteorology/ Psychology/Harry Pitt | W062 | Ground GU15 | key + swipe card | NO | OK 9-5 |
| 5 | School Systems Engineering | 038 | Ground G42 | G42- key81 | NO | OK 9-5 |
| 6 | London Rd | L046 | Basement B03  Basement B04 | ASSA CN key  ASSA CN key | No  No | OK 9-5 |
| 7 | Stenton Energy Centre | W144 | Ground LG04 | ASSA CN key | NO | OK 9-5 |
| 8 | Mackinder Energy Centre | W142 | Ground | ASSA CN key | NO | OK 9-5 |
| 9 | Telephone Exchange | W051 | Ground | ASSA TEX key | YES | 24/07 |
| 10 | Henley Computer Room | G01 | Ground | Security | NO | OK 9-5 |
| 11 | Henley Telephone Exchange | G01 | Wang room | Security | NO | OK 9-5 |
|  | Section 1 **Issue** | | | | | |
|  | |  | | --- | | To: E&F | | University Dept/Company Name: | | Telephone: | | Mobile: |   **You are hereby authorised to enter into the undernoted area for the purpose specified and subject to the terms and conditions specified below, and in accordance with your contract with the University of Reading and/or its representatives.**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | AREA: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | Period of validity: From: Date/Time To: Date/Time | | | | | | | | | | | | | **Work to be carried out**: **WREN**   |  | | --- | |  | |  | | | | | | | | | | | | | | **Status of work carried out**:   |  | | --- | |  | |  | | | | | | | | | | | | |   **Important Notes:**   * **Power distribution boards must not be isolated** * **Cooling must not be isolated** * **Fire alarm interfaces to be omitted from fire alarm testing** * **Individual power supplies to equipment racks must not be isolated** * **Supplementary earth leads must not be removed**   **Work approved: Power \_\_\_\_\_\_\_\_ A/C: turned off more than one at a time. \_\_\_\_\_\_\_**  (**If yes to either, RB or AL must approve.**)   |  |  | | --- | --- | | Name: ( Print) SHEILA MILLICAN |  | | Authorising person: |  |  |  | | --- | | Name: ( Print) | | Authorising person: |  |  | | --- | | Name: ( Print) | | Authorising person: | | | | | | |
|  | **Safety**  FM 200 Fire alarm training video viewed  Computer centre policies and procedures read and understood   |  | | --- | | Name: ( Print) | | Authorising person: | | Date: | | Time: | | | | | | |
|  | Section 2 **Receipt** | | | | | |
|  | **I certify that I understand and will comply with all the requirements of this permit to work.**   |  | | --- | | Name : ( Print) | | Sign: | | Date: | | Time: | | | | | | |
|  | Section 3 **Clearance** | | | | | |
|  | **I certify that I completed the works as detailed under (c), withdrawn all tools and equipment and have warned all operatives that no further work may be carried out until a further Permit to Work is issued.**   |  | | --- | | Name: ( Print) | | Sign: | | Date: | | Time: | | | | | | |
|  | Section 4 **Cancellation** | | | | | |
|  | **I certify that this permit is hereby cancelled.**   |  | | --- | | Name: ( Print) SHEILA MILLICAN | | Authorising person: | | Date: | | Time: | | | | | | |

Notes: method statement

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