|  |  |
| --- | --- |
| Work Location:  | Project / Job title: |
| Contractor:  | Name of key (contractor) contact(s) on site: |
| Work start date / time:  | Duration of work:  |
| Name of key Liberata contact(s) on site: |
| Name of Liberata \* “Responsible Person”:  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Asbestos**  | **Yes / No** (tick as appropriate) | **Hot works; roof access; confined spaces; hazardous areas; other**  | **Yes / No** (tick as appropriate) |
| The contractor must provide an appropriate risk assessment and method statement and view the asbestos register prior to the commencement of work and have satisfied themselves to the best of their knowledge that their work activities will not displace asbestos containing materials | The contractor must provide an appropriate risk assessment and method statement and have satisfied themselves to the best of their knowledge that they are operating within health and safety requirements |

|  |
| --- |
| **Description of work** (refer to method statement) |
|  |

|  |
| --- |
| **Key Hazards / Risks** ( refer to risk assessment) |
|  |

|  |
| --- |
| Safety Precautions  |
|  |

|  |
| --- |
| **Additional Instructions / Drawings / Attachments** (specify) |
|  |

|  |
| --- |
| **Acceptance of Certificate – Asbestos** (contractor)*I acknowledge that I / we have carried out an appropriate risk assessment, have examined the asbestos report in relation to the proposed area of work as defined by the \*“Responsible Person” and that the work activities will not displace any asbestos materials. I hereby declare that no other work than that stated above will be carried out, and all precautionary measures will be adhered to.* |
| Name: | Signature: |
| Date: | Time: |

|  |
| --- |
| **Acceptance of Certificate – Hot works / isolations/ hazardous areas/ other** (contractor)*I acknowledge that I / we have carried out an appropriate risk assessment & method statement to ensure a safe working system. I hereby declare that no other work than that stated above will be carried out, and all precautionary measures will be adhered to.* |
| Name: | Signature: |
| Date: | Time: |

|  |
| --- |
| **Authorisation** (Responsible Person – Liberata ) |
| Name of person issuing the permit:  | Signature: |
| Date:  | Time: |

|  |
| --- |
| **Completion of Work** (contractor)*I confirm that work is complete and all persons and equipment withdrawn. Work area returned to safe and tidy condition.* |
| Name:  | Signature: |
| Date:  | Time: |

|  |
| --- |
| **Certificate Cancelled / Hand back** (Liberata)*I confirm that the specified work has been completed and all copies of this permit are hereby cancelled* |
| Name: | Signature: |
| Date: | Time: |

**\* Responsible person –** This is the person managing the project and/ or who has engaged the contractor to carry out the work i.e. someone with sufficient knowledge of the work and an understanding of the risks and safety precautions required. This will be normally be the Facilities Manager or Liberata Property Services in Pendle

**Further Information** - Refer to H&S Procedure HSP019 Control of Contractors which sets out the H&S requirements to be adhered to by contractors working on Liberata premises – this Guidance note can be amended to suit local circumstances.