

PERMIT TO ACCESS



PREMIER
MARINAS

This permit must be checked and completed prior to works starting by all parties named on the reverse side of this form. Once completed, this form is to be held on file and a photocopy given to the contractor.

This Permit to Access is valid for one year and allows the contractor to carry out the tasks as set out in the attached risk assessments and method statements. Any other types of work will require a separate Permit to Work to be issued by Premier Marinas

CONTRACTOR DETAILS

Company name:	<input type="text"/>	On site contact no:	<input type="text"/>
Contact name:	<input type="text"/>		
List the types of work to be carried out:	<input type="text"/>		
Equipment:	<input type="text"/>		

PERMIT CONDITIONS *(to be completed by the contractor)*

Is hazardous waste involved?	<input type="text" value="Yes / No"/>		
Are hot works involved?	<input type="text" value="Yes / No"/>	If yes, enter hot work permit number:	<input type="text"/>
Are confined space works involved?	<input type="text" value="Yes / No"/>	If yes, please include the training certificate(s).	
Is working at height involved?	<input type="text" value="Yes / No"/>	If yes, please include controls to be used.	
Are risk assessments attached?	<input type="text" value="Yes / No"/>	If yes, do they include PPE to be used?	<input type="text" value="Yes / No"/>
Are method statements attached?	<input type="text" value="Yes / No"/>		
Are you suitably trained / qualified to carry out the works?			<input type="text" value="Yes / No"/>
Are the tools/equipment in good repair, tested and fit for purpose?			<input type="text" value="Yes / No"/>
Do Premier need to inform any other parties of the works?	<input type="text" value="Yes / No"/>	If yes, please state who:	<input type="text"/>
Do you have copies of Premier's contractor H&S leaflet and fire evacuation procedures for the area?			<input type="text" value="Yes / No"/>
Have you provided a copy of their public liability insurance? <i>(minimum cover £5m)</i>			<input type="text" value="Yes / No"/>

Services / Areas affected, precautions required and who needs to be made aware?

Elec/Mech	<input type="text" value="Yes / No"/>	HVAC	<input type="text" value="Yes / No"/>	Fire Systems	<input type="text" value="Yes / No"/>
Drainage	<input type="text" value="Yes / No"/>	Water	<input type="text" value="Yes / No"/>	Restricted area/s	<input type="text" value="Yes / No"/>
Signs	<input type="text" value="Yes / No"/>	Barriers	<input type="text" value="Yes / No"/>	Excavation	<input type="text" value="Yes / No"/>
Gasses	<input type="text" value="Yes / No"/>	Compressed Air	<input type="text" value="Yes / No"/>	Mechanical lifting	<input type="text" value="Yes / No"/>
Other (please state)	<input type="text"/>				

ROLE

Premier Marinas: I have checked the information provided and agree that a safe system of work is in place

<i>Brighton</i>	Print Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
<i>Chichester</i>	Print Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
<i>Gosport</i>	Print Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
<i>Falmouth</i>	Print Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
<i>Port Solent</i>	Print Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
<i>Noss</i>	Print Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
<i>Southsea</i>	Print Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
<i>Sovereign</i>	Print Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
<i>Swanwick</i>	Print Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>

Contractor: I accept the terms & conditions of this permit, I have read and understood the risk assessments and method statements and I am aware of all precautions that need to be taken.

Print Name:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
Signature:	<input type="text"/>				

OFFICE USE ONLY

ADDITIONAL INFORMATION

Any additional notes or conditions must be attached

Permit Number:	Number
Permit Expiry:	DD/MM/YYYY

ACTIVE MONITORING

Please name, date and sign any comments