**⏩ Request for fire safety resource form**

***Office use only***

**REF NO:**

**⏩Contact Details**

|  |  |
| --- | --- |
| Name of School / Service |  |
| Name of Project Sponsor |  |
| Tel/email for Project Sponsor |  |
| Name of Contract Administrator |  |
| Tel/email of Contract Administrator |  |

**⏩Location**

|  |  |
| --- | --- |
| Name of campus / residence / building |  |
| Address of property |  |
| Room number (if applicable) |  |
| University owned / leased |  |

**⏩Please give an outline of nature of request**

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**⏩Please make us aware of any potential issues you are aware of which may arise from your proposed work**

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**⏩Proposed timescale**

|  |  |
| --- | --- |
| Start date |  |
| End date |  |

**⏩Timescale for planning / final specification / work on site / liaison meetings**

|  |
| --- |
|  |

**⏩Please provide details of external contractors / providers / architects / consultants**

|  |  |
| --- | --- |
| Company Name | Name of contact within company and contact details |
|  |  |
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|  |  |
|  |  |
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**⏩Please provide details of documents, plans1 and information on proposed systems/works (please attach relevant documents)**

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1*The Fire Safety Adviser must have sight of suitable and sufficient marked up plans as per current guidance and as deemed suitable and specified by the Fire Safety Adviser*

**⏩Further information / comments:**

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| --- |
|  |

**⏩Signature:**

**Signature:**

|  |
| --- |
|  |

**Print Name:**

|  |
| --- |
|  |

**Date:**

|  |
| --- |
|  |

**HARD COPY OF FORM TO BE RETURNED TO:**

**HEALTH & SAFETY OFFICE, 7.B.34 SIGHTHILL CAMPUS**

**PLEASE NOTE: The notice period will only commence on receipt of full information and suitable and sufficient plans/documents by the Health & Safety Office.**

**A formal acceptance email will be issued by the Health & Safety Office notifying the appropriate timescale for the fire safety resource requested.**