# Project Authorisation Form

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| --- | --- |
| **Name of Requestor:** |  |
| **Name of Contract Administrator:** |  |
| **School/Service:** |  |
| **Location:** | Room Number/Corridor:Level:Campus: |
| **Personnel carrying out proposed works:** | School/Service **⬜**P&F **⬜**External Contractor **⬜***If contractor, please specify name* |

 **Description of works required**

**Asset Management**

**What are the ongoing maintenance requirements? (inspection, insurance, testing etc).**

**Please provide full details:**

* Maintenance requirements after installation
* Insurance inspection requirements
* Testing and certification records

***Note:*** This also includes assets being moved, decommissioned or disposed of, which are already on the Property and Facilities Planon system.

**Timescales** *(please be realistic)*

|  |  |
| --- | --- |
| 1 – 3 months |  |
| 3 – 6 months |  |
| 6 – 9 months |  |
| 9 – 12 months |  |

**Name of Dean of School/Director of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean/Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved ⬜ Declined ⬜ Director of Property and Facilities**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved ⬜ Declined ⬜ Health and Safety Authorised Signatory**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**