**Health & Safety Team**

**Ref:**

**Authorisation for unattended running of experimental apparatus**

|  |
| --- |
| **School / Service**  |
|  |
| **Details of apparatus** |
|  |
| **Location of apparatus** |
|  |
| **Running of apparatus** |
| **Between** | **Time:** | **And** | **Time:** |
| **Date:** | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person running experiment** |  | **Experiment authorised by** |  |
| **Job title** |  | **Job title** |  |

**Emergency Information**

|  |
| --- |
| **Special instructions** |
|  |
| **Isolate Services:** | **Other Services:** |
| **Electricity at:** | **Compressed gas(es):** |
| **Gas at:** | **Compressed air:** |
| **Water at:** | **Vacuum:** |

|  |
| --- |
| **In the event of an emergency contact:** |
| **Name** | **Contact number** | **Job title** |
|  |  |  |
|  |  |  |
|  |  |  |

*\*\** ***Security Control emergency number: 0131 455 4444***

**Notes:**

Hard copy to be placed in a plastic sleeve on or near apparatus

Email form to Security Control and Health & Safety Office

Copy to be held for School/Service records