**Authorisation to Work on Campus Outside Normal Access Hours**

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| **School/Service:** |  |
| **Name:** |  |
| **Staff/Student number:** |  |

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| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| Is it essential to work on your own out with the normal access hours of the School/Service? |  |  |  |
| If Yes, has the Dean of School or Director of Service or their nominee given authorisation to work outside normal working hours? |  |  |  |
| Have you received training in techniques or equipment you are using? |  |  |  |
| Are you confident you can work safely without supervision or backup? |  |  |  |
| Are you medically fit to be working alone? |  |  |  |
| Has your work been subject to a recent COSHH or Risk Assessment? |  |  |  |
| If Yes, please write the Risk Assessment/COSHH reference numbers below. |

If the answer to any of the above is ‘No’ please contact your relevant H&S contact in your School/Service for further advice.

If the answer to all the above is ‘Yes’ please give a brief summary of work activities to be conducted out with normal access hours.

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| **Location:** |  |
| **Date:** |  |
| **Start/finish times on Campus:** |  |
| **\*Important*** **You should always inform security when you have finished work for the evening and are about to leave the campus building.**
* **If access required outside campus opening hours, then Security Control should be contacted prior to sign-off of the authorisation form**
 |
| **Description of activity:**  |  |

As you may be working on campus on your own it is essential you familiarise yourself with the Risk Assessment / COSHH assessment and the University’s Fire and Emergency Procedures.

**Fire & Emergency Procedures**

**On discovering a fire:**

* Operate the nearest alarm call point
* Call the Fire Service: dial (9) 999 and state " Fire at Edinburgh Napier University..." and give campus address
* Follow instructions below for "on hearing the fire alarm"

**On hearing the fire alarm:**

* Leave the building by the nearest exit, closing doors behind you
* Do not stop to collect belongings
* Do not use lifts
* Go to the nearest assembly point
* Do not re-enter the building until informed it is safe to do so by a senior member of staff (security personnel) or attending Fire Officer

**Please check all boxes and then sign and date below -**

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| --- | --- |
| **I hereby agree to follow all Health and Safety guidance put in place by the University and the School/Service** |  |
| **I understand that University Management and Security personnel can monitor and record my time on campus as deemed appropriate** |  |
| **I have read and understood the emergency procedures reminder above** |  |
| **I have read and understood the Risk Assessment/COSHH assessment** |  |

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| **Name:** | **Signed:** | **Date:** |

**The person named above has authorisation to work out with normal access hours of the University**

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| --- | --- | --- |
| **Name and title:** | **Signed:** | **Date:** |

Copy of form to be sent to Security Office