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| **CONTRACTORS REGISTRATION UNIT – Out Of Hours Work Notification Form** | | | |
|  | | | |
| **Company Name:** |  | **For (Date)** |  |

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| **Who ?** | Example:- 4 X AMBS – Stuart Fox, Jimmy Woods, George Campbell & Robert Telfer | |
| **1)** |  | |
| **2)** |  | |
| **3)** |  | |
| **4)** |  | |
|  |  | |
| **Where ?** | Example:- MTB Ground Floor WH Smiths Site & Burger King | |
| **1)** |  | |
| **2)** |  | |
| **3)** |  | |
| **4)** |  | |
|  |  | |
| **When ?** | Example:- 2100 - 0400 | |
| **1)** |  | |
| **2)** |  | |
| **3)** |  | |
| **4)** |  | |
|  |  | |
| **What ?** | Example:- Remove electrical conduit in WH Smiths shop – Install Electrical Socket in BK | |
| **1)** |  | |
| **2)** |  | |
| **3)** |  | |
| **4)** |  | |
|  |  | |
| **Why ?** | Example:- Shop Expansion Works | |
| **1)** |  | |
| **2)** |  | |
| **3)** |  | |
| **4)** |  | |
|  |  | |
| **Further Info.** | | Example:- Any other relevant information i.e fire alarm isolation permit number etc. |
| **1)** | |  |
| **2)** | |  |
| **3)** | |  |
| **4)** | |  |

|  |  |
| --- | --- |
| **Submitted By : (Your Name)** |  |
| **Main Contact Name On Site :** |  |
| **Main Contact’s Phone Number :** |  |

**Please Note:**

* **Out of hours signing in times at the CRU with the Maintenance Team Manager must be between 1900 – 1945 and 2100 – 2200 Monday to Sunday and between 0700 – 0745 Saturday and Sunday.**
* **This form is to be submitted no later than 1530hrs on the day the work is due to commence (Monday to Friday) or if working at weekends, no later than 1530hrs on the Friday.**
* **Under no circumstances should you commence work before speaking to the Maintenance Team Manager. Call him on 07768 723894 and then await and follow his instructions.**
* **Site specific Risk Assessments and Method Statements must be made available for inspection.**
* **PPE must be worn as specified in the approved Risk Assessment and Method Statement.**