

## Permit to Access

The purpose of this document is for compliance with the security and safety standards set for this particular site.

Access cannot be authorised without prior arrangement for access being made.

*To be completed by person controlling the contractor/works (IOM Government Employee)*

Name		
Department		
Visiting Contractor	(Company Name)	
	(Representative)	
Works to be carried out:	Job Number:	
Date & Time for Visit		
IOM Government Authorising Access	Signature	Print Name

Method statement/risk assessment attached to this document? <i>If no, one must be produced and shared with those authorising the works</i>	Yes/No
Does the work involve any isolation of fire detection or suppression system? <i>If yes, this must be considered within the attached risk assessment.</i>	Yes/No
Does work involve any isolation of the security system? <i>If yes, this must be considered within the attached risk assessment</i>	Yes/No
Will the work restrict access to the area?	Yes/No
Will there be any hot works associated with this activity?	Yes/No
Is access required into any sensitive areas ie COMMS/Server/CCTV/Records? <i>If yes, data owner must also be aware of this work</i>	Yes/No
I can confirm that I do consider myself competent, with the correct level of skill, knowledge and experience to carry out this task	Yes/No
Does the work involve any of the following? <input type="checkbox"/> asbestos <input type="checkbox"/> confined space <input type="checkbox"/> dust & fume <input type="checkbox"/> heights <input type="checkbox"/> live electrics <input type="checkbox"/> flammable liquids/gas <input type="checkbox"/> hot works <input type="checkbox"/> pressure systems <input type="checkbox"/> radiation <input type="checkbox"/> heavy plant / machinery <i>If yes, please engage with the Health, Safety and Welfare team if unsure on sufficient health and safety checks which are required to control the contractor.</i>	Yes/No

*To be completed by Engineer upon arrival*

Name		
Signature		
Awareness and acceptance of site security and safety arrangements	Yes/No	
Comments		
Security Card Issued	Card number:	
Physical Key Details		

*To be completed by host (can be the same as the authorised person)*

Name		
Date & Time Works Completed – permit no longer required		
Awareness and acceptance of site security and safety arrangements	Yes/No	
Comments		