# Communications room access permit

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit number:** |  | Work order number: |       |
| Requested by name: |       | Phone number: |       |
| Company: |       | Vendor OIC name: |       |
| Start date: |       | Finish date: |       |
| Start time: |       | Finish time: |       |
| Location: |       |
| Work description: |       |
| Special conditions: |       |
| Security considerations: |       |
| Clinical considerations: |       |

**APPROVAL**

|  |  |
| --- | --- |
| 1. *I understand the conditions of this permit and will abide by all safe work procedures.*
 | Officer in charge on site:Name:      Signature:      1. Date:
 |
| *I am satisfied that persons impacted have been consulted. I approve the works specified in this permit.* | IT Services approved by: Name:      Signature:      Date:       |

**COMPLETION OF WORKS**

|  |  |
| --- | --- |
| *I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.* | Officer in charge:Name:      Signature:      Date:       |

**CLOSE OUT OF PERMIT**

|  |  |
| --- | --- |
| *I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.* | Infrastructure and Assets authorised person: Name:      Signature:      Date:       |