



After Hours Access Authorisation Form

PART A: To be completed by the person requiring access and to be signed by the immediate Supervisor/Head of Department at least 1 week prior to the access date.

Requesting Permission to use Premises after hours

I (name) _____ request access to be granted to the following areas of the University (Building, Rm Number) _____ for the period of _____ -- _____ - _____.
 (date) (time)

I also informed _____ so that he/she will be on call in case
 (name (relative/ close friend) and tel. number)
 an emergency situation arises.

Requesting Permission to use Equipment after hours

I (name) _____ request access to use the following equipment for which I have a high level of competency. The level of risk of the equipment is noted.

Equipment	Risk Rating
_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

This request has been reviewed and approved by the Supervisor/Head of the Department.

Name /Signature _____ Date _____

Acknowledgement of Review of After hours policy

This is to certify that I, the person working after hours have read and understood the after hours work policy and will comply with rules and regulations as set by the University of Nicosia and the specific Department. Furthermore, I acknowledge that the University will assume no liability in the event of an accident/incident as it is not at its full services and trained personnel such as First Aiders and Floor Leaders may be unavailable.

Signature _____ Date _____

Supervisor/Head of Department _____ Date _____

PART B: To be completed by the EH&S Office and submitted to the Department of Facilities for implementation

A. Permission to use Premises after hours

This is to certify that (name) _____ is granted access to the following areas on University Premises

Building _____

Rm number _____

For the period of _____ -- _____.
 (date) (time)

Permission to use Equipment after hours

This is to certify that the aforementioned employee is granted access to use the following equipment for which he/she has a high level of competency. The level of risk of the equipment should also be note.

Equipment	Risk Rating
_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

A. Acknowledgement of Authorization

This is to certify that the employee or student working after hours has been granted access for the abovementioned areas/equipment.

Authorizing Personnel (EH&S Officer or Head of Facilities Department)

EH&S Officer _____ Date _____
 (name) (signature)

or

Head of Facilities Department _____ Date _____
 (name) (signature)