

AFTER HOURS AUTHORIZATION Request and Approval Form

1. Identification Information

Name: _____ Signature: _____ Date: / /

Please Indicate: Undergrad. Honours Postgrad. Staff Other:

2. Information about Activity

Rooms to be accessed:

Activities to be undertaken:

3. Checklist

		Please Indicate
Has a Risk Assessment been completed?	DATE / /	YES/NO
Can the task be competently undertaken by the staff member/student?		YES/NO
Has he/she been fully inducted in all facets of the local work area?		YES/NO
Is he/she trained in After Hours emergency procedures?		YES/NO
Is he/she aware of the decreased level of emergency assistance available after hours?		YES/NO
Are the above tasks dependent on other people being present?		YES/NO
Does the smaller number of people present in the area affect the level of risk?		YES/NO
Is there a medical condition that may give rise to any life threatening situations?		YES/NO
Has consideration been given to the following:		
Security of the area where the work is to be performed		YES/NO
Safety of the method of egress and route to transport		YES/NO

Level of Supervision required: _____ Method of Communication: _____

4. Competency Statement

I have assessed _____ to be competent to perform the activities as stated above and support this request for After Hours Authorization.

Supervisor: _____ Signature: _____ Date: / /

5. Authorization

The above applicant is authorized for After Hours activities as per the following provisions.

Period of Authorization _____ Areas that can be accessed _____

Procedures, equipment and tasks that can be undertaken:	
Exclusions/Notes:	

Head of School: _____ Signature: _____ Date: / /