|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Unattended Apparatus \*** | | **Please leave running** | | | |  | | | | |
|  | | | | |
|  | | | Room No | | |  | |
| Name or type of apparatus | | | | | | | |
| *(identify clearly)* | | | |  | | | |
|  | | | |  | | | |
| **Services used:** | | Electricity | | | Gas | | Compressed Air |
|  | | Water | | | Cylinder Gases *(please name below)* | | |
|  | | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| Special Hazards | | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| **To Shut Down in Emergency** | | | | | | | |
|  | | | | | | | |
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|  | | | | | | | |
| **Now Contact:**  **Name**  **Address** | | | | | | | |
| **Telephone** | | | | | | | |
| ***OR if unavailable*** | | | | | | | |
| **Name** | | | | | | | |
| **Address** | | | | | | | |
| **Telephone** | | | | | | | |

**\*** Read the instructions on the back before completing this notice

***Equipment should only be left running when absolutely necessary.***

**INSTRUCTIONS FOR COMPLETING THIS NOTICE**

If unattended equipment is left running, a completed copy of this notice must be left on the outside of the main doorway of the workroom. In certain circumstances, it may be prudent to attach an additional copy*(ies)* of this notice to the equipment concerned.

When completing this notice, please:

|  |  |  |
| --- | --- | --- |
| 1. | Print clearly. | |
| 2. | Define the item of equipment to which the notice refers in a clear manner, for example 'Vac rig A' referring to a vacuum system with the letter 'A' boldly displayed on it. If necessary, define the location of the machine to avoid confusion. | |
| 3. | Tick the appropriate box(es) to indicate the service(s) being used and name the cylinder gases (if any). | |
| 4. | Provide information relating to any special hazards, such as high temperature, high voltage etc, in the 'Hazards' section. | |
| 5. | State the emergency shutdown procedure in a numbered sequence, for example: | |
|  | **1.** | CLOSE VALVE 'A' |
|  | **2.** | OPEN VALVE 'B' |
|  | **3.** | ISOLATE MAINS ELECTRICAL SUPPLY AT SOCKET 'C' |
|  | **4.** | TURN OFF COOLING WATER AT TAP 'D' |
| 6. | State your name, home address and telephone number ***and*** include details of an alternate who is reasonably familiar with the equipment in the 'Now contact' section. | |

**Remember to remove this notice from display when the equipment is no longer running.**