UCL School of Pharmacy

BRunswick Square

**Permission for Lone and/or Out of Hours Working**

**Definition**: Out of hours working is between 18:00-08:00 Monday-Friday, and/or at any time during a weekend, Bank holiday or University closure

**Personal Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Room number** |  |

**Description of Work**

|  |  |  |
| --- | --- | --- |
| **Task name or description** | **Assessed Hazard level (Low/Medium)** | **Monitoring required, (Y/N)** |
| Low-risk research, wet lab | Low |  |
| Office work | Low |  |
|  |  |  |

**Declaration:** I have read and understood the Code of Practice (CoP) for Lone Working and Out of Hours Working and agree to abide by this CoP. I understand that any breaches of the CoP may result in this permission being revoked.

Signed: …………………………………………………………………………………

Date: ………………………………………………………

**Authorisation**

Line Manager, Name:

Line Manager, Signature: ………………………………………………………….

Date: …………………………………………

**Validity**: This permission is valid for 12 months from the line manager’s authorisation.