



The Hong Kong University of Science and Technology

Campus Management Office

Permit to work

Any works scheduled to be carried out during non-office hours (outside 0800-1800 on Mondays to Fridays) OR by outside contractor must complete this Form and submit to HKUST Security Center before works commencement. Unless emergency, two (2) working days in advance are required.

Work Site:

(Please attach location map)

Site nature:	<input type="checkbox"/> Within Separate Room	<input type="checkbox"/> Both within separate room and connecting common area	<input type="checkbox"/> Common Area
Site Condon off:	<input type="checkbox"/> Existing building wall/ partition <input type="checkbox"/> Hoarding <input type="checkbox"/> Temporary Fencing (to be on loan from UST)		
	<input type="checkbox"/> Temporary fencing (as approved by UST and to be provided by contractor)		
Working period:	From	:	on / / /20
	To	:	on / / /20

Brief description of works:

Nature of works	Hot Work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Suspension	Water	<input type="checkbox"/> Potable <input type="checkbox"/> Flushing <input type="checkbox"/> DI Water <input type="checkbox"/> Irrigation <input type="checkbox"/> Notice/ notification email sent	<input type="checkbox"/> No
		Lift/Escalator	<input type="checkbox"/> Yes, Lift/Escalator no.: _____ <input type="checkbox"/> Notice/ notification email sent	<input type="checkbox"/> No
	Smoke Detector Disconnection:	<input type="checkbox"/> Yes, Location: _____ <input type="checkbox"/> Notice/ notification email sent	<input type="checkbox"/> No	
	Noisy works	<input type="checkbox"/> Yes, Location: _____ <input type="checkbox"/> Notice/ notification email sent	<input type="checkbox"/> No	
	Smelly works	<input type="checkbox"/> Yes, Location: _____ <input type="checkbox"/> Notice/ notification email sent	<input type="checkbox"/> No	
		<input type="checkbox"/> Additional ventilation arranged <input type="checkbox"/> Temporary suspension of air intake arranged		
	Access of Work:	<input type="checkbox"/> Truck Mounted Platform <input type="checkbox"/> Aerial Working Platform <input type="checkbox"/> Gondola	<input type="checkbox"/> No	
<input type="checkbox"/> Metal Scaffolding <input type="checkbox"/> Bamboo Scaffolding <input type="checkbox"/> Ladder platform				
Risk Assessment:	<input type="checkbox"/> Approved			
Method Statement:	<input type="checkbox"/> Approved			

(Please: ✓ the appropriate boxes and * Delete if inapplicable)

On site workers' Details:

Name	ID No.(first 4 digits)	Contact Tel.
1. _____ (Off site Emergency Contact)		
2. _____ (On site supervisor)		
3. _____ (On site worker)		
4. _____ (On site worker)		

Applicant's Information:

Company/Contractor:		<i>(Official Seal & Signature)</i>
Contact Person:	Tel:	
Post:	Fax:	
Email address:	Date :	

Consent from Project Management (PM)/ Venue Management (VM)

PM	(CT/Manager or above) Name :	Sign : _____	Date: _____
VM	(Band 5 or above) Name :	Sign : _____	Date: _____

Security	Received on _____	Location Plan Checked <input type="checkbox"/> Sign.: _____	Remark: _____
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