



Estates Office

ADDENDUM III

CONTRACTOR INDUCTION LEAFLET

Introduction

This leaflet outlines the basic procedures required to work on campus. It is a description of Atlantic Technological University Sligo, how it operates and the necessary measures that must be adhered to when carrying out works within the University boundaries.

Contractor Induction

All contractors wishing to carry out works on Campus must attend the Contractor Induction Course prior to commencing work. The induction will address specific campus safety requirements under a number of headings:-

- Estates Office Operation & Personnel.
- Campus Orientation, Particular Hazards, Parking & Emergency Procedures
- Permit to Work System
- Emergency Procedures

The Estates Office

The Estates Office is responsible for the capital works programme and for providing various services to the University including maintenance of premises and grounds, security, cleaning and portering.

Contact names of relevant personnel are as follows: -

General Enquiries	Administration	071 9305109
Noel Mc Loughlin	Estates Manger	087 3559520
Peter Byrne	Buildings Officer	071 9305412
Jon Evans	Buildings Services Supervisor	071 9305370
Connie Callaghan	Senior Housekeeper	087 6406981
Pat Devaney	Groundsman	087 2866697
Emergency	Contract Security	087 6379470

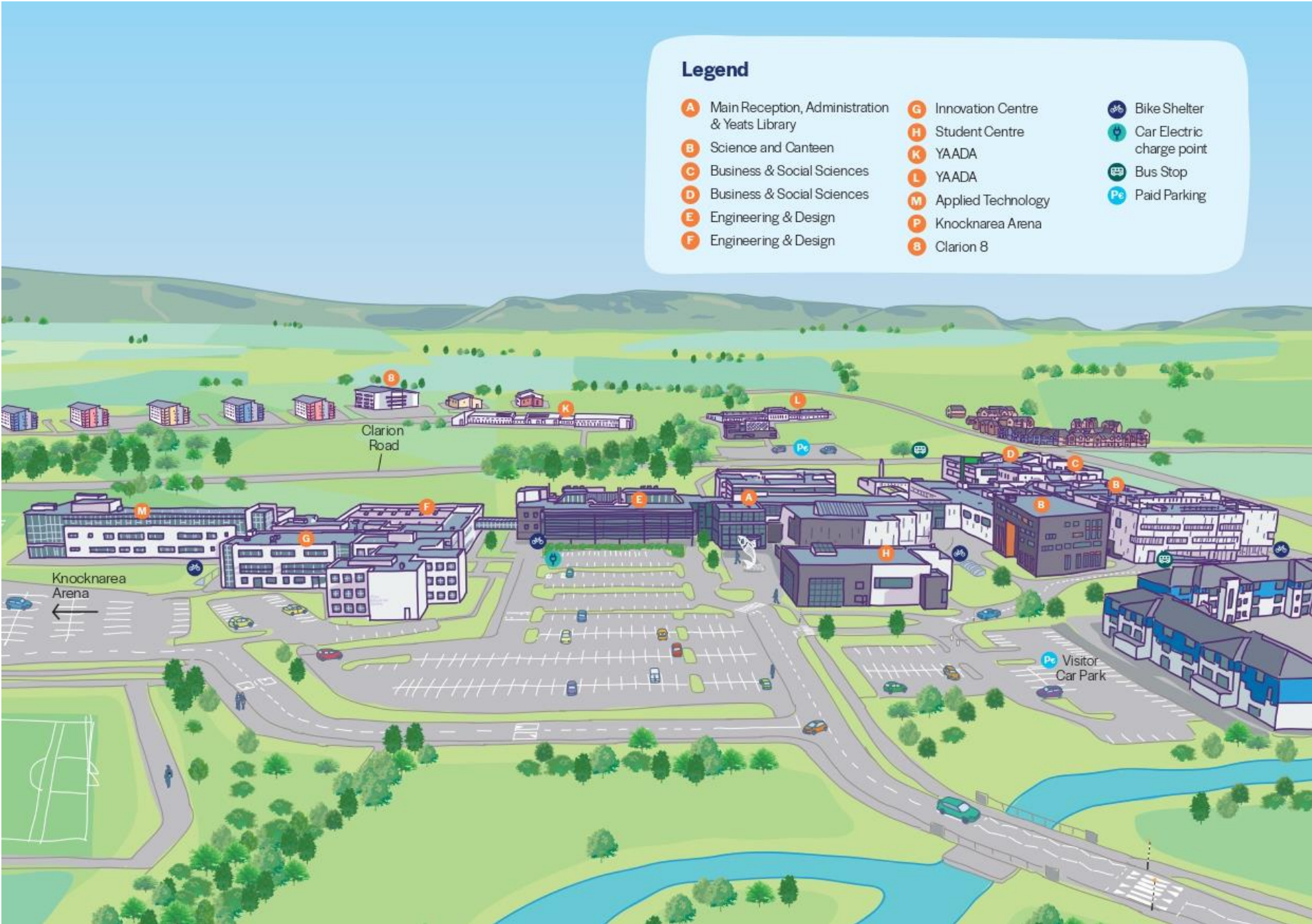
Estates Office Safety Statement

The Estates Office has written a Safety Statement describing the safety programme for workplace health and safety within the Estates Office functional Area. This statement is available to all contractors engaged in work at the University. Contact the Estates Office on 071 930 5109 for further details.

Atlantic Technological University - Sligo

The University campus is approximately 67 acres and is bordered by Ash Lane, Manorhamilton Road and Clarion Road. Each building is assigned a letter for identification purposes and numbers for room numbering. For example, the initial letter on a room reference identifies the building; the first number indicates the floor, while the remaining numbers indicate the room number e.g. (B1082 refers to room 82 on the ground floor of Block B).

Campus layout:





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Building Ref	Building Title
A	Main Reception, Administration and Yeats Library
B	Science and Canteen
C	Business and Social Services
D	Business and Social Services
E	Engineering & Design
F	Engineering & Design
G	Innovation Centre
H	Student Centre
K	YAADA
L	YAADA
M	Applied Technology
P	Knocknarea Arena
S	Sundry Out Buildings
8	Clarion 8

Hazardous Areas

The following buildings contain laboratories and/or workshops that may store flammable or toxic chemicals, compressed gases or other particularly hazardous materials or equipment:

B	Science and Canteen	Main Campus
E	Engineering & Design	Main Campus
F	Engineering & Design	Main Campus
G	Business Innovation Centre	Main Campus
K	YAADA	North Campus
L	YAADA	North Campus
M	Applied Technology	Main Campus
S	Sundry Out Buildings	Main Campus

Particular care should be taken when working in these buildings.

Note: Lone working in laboratories or workshops is not permitted.

Car Parking

Parking is not permitted on the University roadways or pedestrian walkways.

Contractors who need access to the pedestrian and other restricted areas must apply under the Permit to Work System. Approval to park Discs will be issued from the Estates Office. A contractor who is given authorisation to park on pedestrian or other restricted areas must obey the following instructions:

- Notify Security on arrival
- Security will give access to the required area
- The authorisation to park disc must be clearly displayed together with a contact number for the driver in the event of an emergency

The driver of the vehicle must not leave the campus.

Accident / Emergency Procedure

- In the event of an accident/emergency, contact Security on 087 6379470 for assistance.
- First Aid assistance is available during office hours.
- All accidents or near misses must be reported to the Estates office using the Accident report Form.

On Causing / Discovering a Fire

- Break nearest BGU (Break Glass Unit) to evacuate the building
- Use fire extinguisher if confident and trained in safe use
- Leave the building by nearest exit
- Call security on ext. 087 637 9470 from a safe location
- Proceed to designated Assembly Point.
- Do not re-enter the building until the all clear is given.

PERMIT TO WORK SYSTEM

The University Permit to Work System is a formal written procedure used to control the activities of all external Contractors. It is also applicable to the University employees, who may be involved in particularly hazardous tasks such as hot works or work in confined spaces.

The Estates Office will provide training in the Permit to Work System to all contractors and relevant employees. Prior to carrying out any works on campus the Contractor must obtain and complete a written Permit to Work (PTW) from the Estates Office. The appropriate personnel on the Estates Office contact list, Approver, must sign this.

Before a contractor is permitted to commence work confirmation in writing must be received that the Contractor is in possession of a current Health & Safety Statement relevant to the work being undertaken together with the required public liability and employers liability insurances

All permit requests should be forwarded to: caroline.coen@atu.ie

N.B. Other than in exceptional circumstances or in the case of an emergency, two working days' notice is required to process the supporting documentation.

Schedule of Permits

- A. Permit to Work (PTW) Outside of Hoarding Line
- B. Hot Works Permit. (HWP)
- C. Out of Hours Permit (OHP)
- D. Permit to Dig (PTD)
- E. Confined Space Permit (CSP)
- F. Roof Access Permit (RAP)

General Work Order (GWO)

- A GWO is any instruction issued to a Contractor on foot of a works contract, quotation or when a maintenance contract is in place for an agreed preventive or other maintenance schedule, (including replacement of consumable items) to carry out construction work outside of a designated and defined construction site.
- The Contractor must carry out a risk assessment for all of the work included in a GWO and complete the PTW (A) for approval by the Estates Office Approver.
- The Contractor shall comply with all statutory regulations pertaining to their operations. The Contractor shall be responsible for the safety and welfare of their employees and shall comply with all current Safety, Health and Welfare legislation and all regulations made under such legislation, in so far as they relate to the works. The Contractor shall submit upon request a copy of their current Safety Statement. Such request will not acknowledge its value or otherwise infer compliance with regard to statutory regulations.

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(A) Permit to Work (PTW)

- A PTW must be prepared by the Contractor to cover all works and all other tasks included on a GWO.
- The PTW shall identify which other permits will be required to be completed in connection with carrying out the works as identified in the GWO.
- The PTW shall include **Lock Out/Tag Out (LO/TO)** safety measures to be adopted to ensure that access to hazards that have the potential to cause harm to personnel or damage to equipment are isolated and access to the switch(s) are locked and tagged out
- The PTW must be signed and dated by the person undertaking the work.
- The PTW will be issued when the Contractor and Approver from the Estates Office finalise the details of the work to be carried out.
- The PTW must be returned with the contractor advice note when all work is completed.
- The Approved Person will close the permit.
- A permit to work will only be issued on receipt of a completed Method Statement where this is considered necessary.

(B) Hot Works Permit (HWP)

- A HWP is an additional control required when tasks require the application of open flames, this includes but is not limited to Brazing, Cutting, Grinding, Soldering, Thawing Pipe, Torch Applied Roofing, Floor Covering etc.
- HWP must be renewed daily.

(C) Out of Hours Permit (OHP)

The ATU Sligo opening hours are as follows: -

Term Time (Approximately 38 weeks):

Main Campus, Buildings K & L and Clarion 8 Building:

Monday to Thursday	8.30am to 10.00pm
Fridays and Saturdays	8.30am to 6.00pm
Sundays	Closed

Non-Term Time (Approximately 14 weeks):

Main Campus, Buildings K & L and Clarion 8 Building:

Monday to Friday	8.30am to 6.00pm
Saturdays and Sundays	Closed

All Buildings are closed on Bank and Public Holidays.

- An OHP is required when it is proposed to undertake works outside of these hours.

The Estates Office must be advised in advance of all out of hours and weekend works using OHP. Security will provide access out of hours upon receipt of an approved OHP and contractors shall sign in and out with security during out of hours' time. Only in exceptional cases will keys be issued to contractors by the Estates Office.

(D) Permit to Dig (PTD)

- A PTD is an additional control required when tasks require the excavations to be undertaken including trenches, general reduced level digs or opening up below ground level.

(E) Confined Space Permit (CSP)

- A CSP will be required when it is proposed to carry out works in a confined space/restricted working area.
- Confined Space refers to any place, including any vessel, tank, container, pit, bund, chamber, cellar or any other similar space which, by virtue of its enclosed nature, creates conditions that give rise to a likelihood of an accident, harm or injury of such a nature as to require emergency action due to:-

The presence or reasonable foreseeable presence of:

- flammable or explosive atmospheres
 - harmful gas, fume or vapour
 - excess of oxygen
 - lack or reasonably foreseeable lack of oxygen
 - excessively high temperature
 - free flowing or increasing level of liquid
- See more at: http://www.hsa.ie/eng/Topics/Confined_Spaces/#cs

(F) Roof Access Permit (RAP)

- A RAP is required when any works are being carried out which requires access to a roof or part thereof.

Method Statements

A method statement where identified as being required under a PTW shall set out the hazards and implications for staff/students and other University activities, of the work to be done and precautions to be taken to eliminate/minimise these risks. It should constitute a proper assessment of the risks and identify appropriate safety procedures to be adopted in minimising identified risks. A method statement does not, in of itself, make the job safe, as it is dependent for its effectiveness on the competence/experience of the personnel concerned in carrying out the work as specified/proposed. It is the Contractor's responsibility to prepare a comprehensive Method Statement and ensure only suitably competent and experienced personnel are tasked to undertake the work.

Safe-Pass Course

All contractors working on campus must have completed a "Safe-Pass" Course.

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(A) PERMIT TO WORK (Outside of Hoarding Line)		PTW Ref No:
<p>Note: No works are permitted outside the hoarding line of a designated construction site on campus until a permit to work has been completed and issued by the Estates office. The work must only be carried out within the specified area and in accordance with the provisions of this permit.</p>		
Name of Contractor:	Permit Request Date: ____/____/____	
Contact Name:	Contact Phone No:	
	Email Address:	
PROPOSED WORK AREA		
Describe work area or mark and attach on a plan:		
Proposed commencement time & date:		Number of Operatives:
Proposed completion time & date:		
WORK PERMIT DETAILS		Delete as appropriate
1) Has/is a method statement been provided/required:		Yes/No/NA
2) Does the Contractor have a current H&S statement relevant to the proposed works:		Yes/No
3) Is the Contractor's Public & Employers Liability Insurance policies up to date for the period of the works:		Yes/No
4) Is a Hot Works Permit (HWP) required:		Yes/No
5) Is an Out of Hours Permit (OHP) required:		Yes/No
6) Is a Permit to Dig Permit (PTD) required:		Yes/No
7) Is a Confined Space Permit (CSP) required:		Yes/No
8) Is a Roof Access Permit (RAP) required:		Yes/No
9) Is a Parking Disc (PD) required to park in restricted areas such as roadways or pedestrian walkways:		Yes/No
10) Any particular precautions connected with Mechanical Installations:		
11) Any particular precautions connected with Electrical Installations:		
12) Any particular precautions connected with Gas Service Installations:		
13) Other issues/precautions:		
<p>I have read and understand the Estates Office Safety Statement and associated Contractor Induction Leaflet. I further understand the Method Statement (where provided) in connection with this PTW and will comply with all of the requirements set out therein and will take all of the necessary precautions in connection with the works as described.</p>		
PERMIT APPROVAL		
Contractor Signature:	Print Contact Name:	Date
Approver Signature:	Print Approver Name:	Date
Permit Cancelled by:		Date:

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(B) HOT WORKS PERMIT (HWP)		HWP Ref No:
This HWP is requested in connection with Permit to Work (PTW) Ref:		
A Hot Works Permit is required for any operation involving open flames or producing heat / sparks. This includes Brazing, Cutting, Grinding, Soldering, Torch Applied Roofing and Welding.		
Contractor's Name:	HWP Request Date:	
Contact Name:	Contact Phone No:	
	Email Address:	
Location where Hot Works to be carried out:		
Description of Hot Works to be undertaken:		
Hot Works start time & date:		
Hot Work completion time & date:		
REQUIRED HOT WORKS PRECAUTIONS DETAILS		Delete as appropriate
1. General Precautions		
1.1 Has the area of the works been examined?	Yes / No	
1.2 Are there combustible liquids, vapours, dust or gases in the vicinity of the works?	Yes / No	
1.3 Floor within 15m swept clean of combustible materials and/or protected as appropriate.	Yes / No / NA	
1.4 Combustible materials within 15m to be removed or suitably protected.	Yes / No / NA	
1.5 All wall and floor openings within 15m covered with sheets of non-combustible material.	Yes / No / NA	
1.6 Work will be undertaken by and under supervision of trained personnel.	Yes / No	
1.7 A fire extinguisher will be retained at the work area for the duration of the hot works.	Yes / No	
1.8 Person undertaking the hot work know how/where to activate the fire alarm system.	Yes / No	
1.9 Will smoke detectors or other aspects of the fire detection system require to be isolated.	Yes / No	
1.10 The Estates office will be notified at the commencement and on completion of the work.	Yes / No	
2. Work on roofs, walls or Ceilings		
2.1 Does the associated with composite roof or wall claddings panels?	Yes / No	
2.2 When work is above floor level, non-combustible curtains or sheets suspended beneath the work to collect the sparks.	Yes / No / NA	
3. Work on enclosed equipment (tanks, containers etc)		
3.1 Equipment cleaned of all combustible substances.	Yes / No / NA	
3.2 Tanks, containers and the like free of flammable vapours.	Yes / No / NA	
4. Fire watch		
4.1 The contractor shall be in attendance for one hour after completion of the work, or any scheduled stop thereto, to inspect the work area and all adjacent areas to which sparks and heat may have spread and ensure that there are no smouldering fires.	Yes / No	
4.2 Where the fire detection system has been temporarily isolated/disarmed as noted at (1.10) above a fire watch will be maintained until same has been fully reinstated.	Yes / No	
I confirm that adequate safe systems of work will be maintained and that all of the required precautions noted in the above checklist will be undertaken. I further confirm that all aspects of the fire detection system temporarily isolated as noted at (1.9) will be reinstated upon completion of the works.		
PERMIT APPROVAL		
Contractor Signature:	Print Contact Name:	Date:
Approver Signature:	Print Approver Name:	Date:
Permit Cancelled by:	Date:	

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(C) OUT OF HOURS PERMIT (OHP)		OHP Ref No:
This OHP is requested in connection with Permit to Work (PTW) Ref:		
An out of Hours Permit is required for any operation required to be undertaken outside of the University opening hours as follows:		
Term Time:		
Main Campus, Buildings K & L and Clarion 8 Building:		
Monday to Thursday	8.30am to 10.00pm	
Fridays and Saturdays	8.30am to 6.00pm	
Sundays	Closed	
Non-Term Time:		
Main Campus, Buildings K & L and Clarion 8 Building:		
Monday to Friday	8.30am to 6.00pm	
Saturdays and Sundays	Closed	
All Buildings are closed on Bank and Public Holidays.		
Contractor's Name:	OHP Request Date:	
Contact Name:	Contact Phone No:	
	Email Address:	
Location where Out of Works to be undertaken:		
Description of Out of Hours Works to be undertaken:		
Number of operatives requiring out of hours access:		
Out of Hours Works commencement time & date:		
Out of Hours completion time & date:		
REQUIRED PRECAUTIONS DETAILS		Delete as appropriate
1. General Precautions		
1.11 Safe systems of work are in place and will be implemented.	Yes / No	
1.12 Copy of this permit to be presented to security when signing in.	Yes / No	
2. Are other permits required in connection with the proposed works?		
2.1 Hot Works Permit (HWP) required:	Yes / No	
2.2 Permit to Dig Permit (PTD) required:	Yes / No	
2.3 Confined Space Permit (CSP) required:	Yes / No	
2.4 Roof Access Permit (RAP) required:	Yes / No	
3. Other Precautions to be taken: Specify additional precautions to be taken, and limitations on work, work equipment, work materials, etc.:	Yes / No / NA	
I confirm that adequate safe systems of work will be maintained and that all of the required precautions noted in the above checklist will be undertaken. I further confirm that all operatives will sign in with Security at commencement of out of hours works and sign out on completion.		
PERMIT APPROVAL		
Contractor Signature:	Print Contact Name:	Date:
Approver Signature:	Print Approver Name:	Date:
Permit Cancelled by:	Date:	

Addendum III:- Contractor Induction



(D) PERMIT TO DIG (PTD)		PTD Ref No:
This PTD is requested in connection with Permit to Work (PTW) Ref:		
A Permit to Dig is required for any excavation(s) to be undertaken within the boundaries of the University campus. For the purposes of this permit system an excavation is defined as any dig of more than 300mm below the existing surface level, whether carried out by hand or by mechanical means.		
Contractor's Name:	PTD Request Date:	
Contact Name:	Contact Phone No:	
	Email Address:	
Location where Excavations to be undertaken:		
Description of Excavation Works to be undertaken:		
Excavation works commencement time & date:		
Excavation works completion time & date:		
REQUIRED PRECAUTIONS DETAILS		Delete as appropriate
1. General Precautions		
1.1 Safe systems of work are in place and will be implemented.		Yes / No
1.2 Does the dig involve deep excavations i.e. greater than 1.25m?		Yes / No
1.3 Have the proposed dig location(s) been scanned for presence of existing services?		Yes / No
1.4 Have underground services been established in the location of the excavation(s)?		Yes / No
1.5 Are there any overhead lines in the vicinity of the excavations?		Yes / No
1.6 Will secure hoardings, barriers, guardrails, toe boards be provided as required?		Yes / No
2. Other Precautions to be taken: Specify additional precautions to be taken, and limitations on work, work equipment, work materials, etc.		Yes / No / NA
I confirm that adequate safe systems of work will be maintained and that all of the required precautions noted in the above checklist will be undertaken.		
PERMIT APPROVAL		
Contractor Signature:	Print Contact Name:	Date:
Approver Signature:	Print Approver Name:	Date:
Permit Cancelled by:	Date:	

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(E) CONFINED SPACE PERMIT (CSP)		CSP Ref No:
This CSP is requested in connection with Permit to Work (PTW) Ref:		
<p>A Confined Space Permit is required for work to be carried out in any place, including any vessel, tank, container, pit, bund, chamber, cellar or any other similar space which, by virtue of its enclosed nature, creates conditions that give rise to a likelihood of an accident, harm or injury of such a nature as to require emergency action due to the presence or reasonable foreseeable presence of:</p> <ul style="list-style-type: none"> - flammable or explosive atmospheres - harmful gas, fume or vapour - free flowing solid or an increasing level of liquid - excess of oxygen - excessively high temperature - the lack or reasonably foreseeable lack of oxygen <p>For additional information refer: http://www.hsa.ie/eng/Topics/Confined_Spaces/#</p>		
Contractor's Name:	CSP Request Date:	
Contact Name:	Contact Phone No:	
	Email Address:	
Location where excavations to be undertaken:		
Description of Confined Space Works to be undertaken:		
Confined space commencement time & date:		
Confined space completion time & date:		
REQUIRED PRECAUTIONS DETAILS		Delete as appropriate
1. General Precautions		
1.7 Safe systems of work are in place and will be implemented.	Yes / No	
2. Specific Precautions		
2.1 Testing of Atmosphere: Confirm testing of atmosphere in space(s) will be carried out and results submitted to Estates Office prior to works commencing.	Yes / No	
2.2 Isolation from Hazardous Substances: Confirm that space will be securely isolated from all sources of ingress of dangerous fumes, liquids, water, steam, materials etc whilst works are being undertaken.	Yes / No	
2.3 Cleaning, Purging and Ventilation: Confirm that space will be purged of all dangerous fumes, liquids, water, steam, materials etc. prior to works commencing.	Yes / No	
2.4 Isolation from Energy Sources: Confirm that space will be securely isolated from all energy sources including electrical power, mechanical power, heat etc.	Yes / No	
2.5 Hot Work: Separate HWP to be provided	Yes / No	
3. Other Precautions to be taken: Specify additional precautions to be taken, and limitations on work, work equipment, work materials, etc.:	Yes / No / NA	
<p>Competent person responsible for overseeing work: I have read and understood this permit and will undertake to work in accordance with the conditions and precautions specified.</p>		
PERMIT APPROVAL		
Contractor Signature:	Print Contact Name:	Date:
Approver Signature:	Print Approver Name:	Date:
Permit Cancelled by:	Date:	

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(F) ROOF ACCESS PERMIT (RAP)		RAP Ref No:
This RAP is requested in connection with Permit to Work (PTW) Ref:		
A Roof Access Permit is required for access to all roofs of buildings on campus.		
Contractor's Name:	RAP Request Date:	
Contact Name:	Contact Phone No:	
	Email Address:	
Location where roof access required:		
Description of roof works to be undertaken:		
Number of operatives requiring roof access:		
Roof works commencement time & date:		
Roof works completion time & date:		
REQUIRED PRECAUTIONS DETAILS		Delete as appropriate
1. General Precautions		
1.13 Safe systems of work are in place and will be implemented.		Yes / No
1.14 Copy of this permit to be presented to security when roof access required.		Yes / No
2. Are other permits required in connection with the proposed roof works?		
2.1 Hot Works Permit (HWP) required:		Yes / No
2.2 Confined Space Permit (CSP) required:		Yes / No
3.0 Specific Precautions Required		
3.1 Will mobile access equipment be required or used?		Yes / No
3.2 Will independent scaffolding be required or used?		Yes / No
3.3 Will fixed or mobile scaffold towers be required or used?		Yes / No
3.4 Will ladders be used or required?		Yes / No
3.5 Are works being undertaken outside of the perimeter roof barrier system?		Yes / No
3.6 Will the existing roof fall arrest system be required for the safe undertaking of the works?		Yes / No
3.7 Have all operatives operating equipment including fall arrest equipment, mobile access equipment, scaffolding, ladders etc. been trained in their use?		Yes / No
3.8 Is there a danger of materials or objects falling or being blown off the roof?		Yes / No
3.9 Is an exclusion zone required at ground level from the overheads works area?		Yes / No
4. Other Precautions to be taken: Specify additional precautions to be taken, and limitations on work, work equipment, work materials, etc.		Yes / No / NA
I confirm that adequate safe systems of work will be maintained and that all of the required precautions noted in the above checklist will be undertaken. I further confirm that nominated person will contact Security for access to roof, sign in at commencement of works and sign out on completion.		
PERMIT APPROVAL		
Contractor Signature:	Print Contact Name:	Date:
Approver Signature:	Print Approver Name:	Date:
Permit Cancelled by:	Date:	