

Working After Hours Authorisation Form

This form must be completed for all staff, postgraduate students, volunteers, visitors and contractors working in the Division of Research and Innovation ERC facility outside the hours of 6am to 6pm week days. Access anytime on the weekend or public holidays requires submission of this form.

Name: _____

Designation: ☐ Staff ☐ student ☐ volunteer ☐ visitor ☐ contractor

Name of Supervisor: _____

Date/s of after-hours work: _____

Duration of Authority: _____

Place of Work: ie building / room number: _____

Brief description of work to be undertaken: _____

Has a risk assessment been conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes is it attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any identified control measures been implemented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any extra training required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any known medical conditions which might put you at additional risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMUNICATION PLAN *(the minimum requirement is to call the nominated contact person on arrival and departure from site. The call in frequency intervals may need to be increased depending the length of time and the level of risk of the activity):*

Nominated contact person: _____

Frequency of contact: _____

Method of contact: _____

☐ My contact person has agreed to this role and will contact security if I fail to call in/respond at the designated times.

To be completed by supervisor

Do you approve this work to proceed after hours? ☐ Yes ☐ No

Supervisor's name and signature: _____

Date: _____