



CSL Lab Work Permit

Date:

Requester:

Permit #:

(A) Description of work to be completed:

(B) Dates Requested:

(C) Estimated Start Time:

Estimated Completion Time:

(D) Special Notes:

Researcher Section

Special Precautions Required:

Specific Hazards:

Equipment protection required:

Department Section

Special Notes:

(E) Facilities Maintenance Section

Special Notes:

General Notes:

- 1) RESEARCHERS are responsible for describing the types of equipment protection required.
- 2) DEPARTMENT will assist in put in place equipment protection (covers, ect.)
- 3) FACILITIES will complete no work after hours without a permit. (unless an emergency situation)
- 4) Permit scope limited to description on permit. Attach more information if needed.
- 5) FACILITIES to contact DEPARTMENT if schedule needs to be changed.
- 6) FACILITIES to contact DEPARTMENT prior to starting work on permitted activities.

Signatures

Researcher:

Date:

Department Representative:

David M. Tharp

Date:

Facilities Maintenance

Date: