

Work permit

Issuing organisation

Permit no.

Insured details

1 Assessment undertaken by

2 Address

3 Date

4 Area assessed

Proposal

To be completed by the person responsible for carrying out the work

1 Exact location of proposed work

2 Nature of work to be undertaken

3 Details of any special requirements (water/power supply etc.)

Signed

Name (BLOCK CAPITALS)

Date

Position

Company/contractor (where applicable)

Agreement

To be completed by organisation official

The above work is authorised to take place at the following times and dates subject to the special conditions/precautions noted:

Date	Times from - to	Special conditions

Signed

Name (BLOCK CAPITALS)

Date

Position

THIS FORM MAY BE COPIED



Methodist Insurance plc, 11 York Street, Manchester, M2 2AW

Tel: 0345 606 1331 Fax: 0345 604 6302 www.methodistinsurance.co.uk email: enquiries@micmail.com

Methodist Insurance PLC (MIC) Reg. No. 6369. Registered in England at Benefact House, 2000 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW, United Kingdom. MIC is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 136423.