

**EQUIPMENT RUNNING UNATTENDED OUTWITH NORMAL WORKING HOURS**

This form must be lodged with SECURITY CONTROL, LIVINGSTONE TOWER

**S19 Form**

Please read the guidance notes before completion

<b>SECTION 1</b>	<b>Equipment in use</b> (full description required i.e. model, make etc)		
<b>Reason for S19:</b>			
Prolonged use of equipment/Over-run of experiment/ Other. Please specify.			

<b>SECTION 2</b>	<b>Name of Department</b>		
	<b>Lab/Room No.</b>	<b>Building</b>	
	<b>Start Date</b>	<b>Completion Date</b>	
	<b>Start Time</b>	<b>Completion Time</b>	

<b>SECTION 3</b>	<b>Hazards/Risks associated with the equipment and process</b>		
This form can be used for equipment which presents a risk of any kind if switched off or services fail.			

**The following services will be used (tick appropriate boxes)**

<b>SECTION 4</b>	Light <input type="checkbox"/>	Power <input type="checkbox"/>	Water <input type="checkbox"/>	Steam <input type="checkbox"/>	
	Compressed Air <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Compressed Gas <input type="checkbox"/>	Other <input type="checkbox"/>	
	In case of emergency can these services be switched off without catastrophic effect?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If No, please give details				
	Prior to submission to Security Control the person in charge of that particular area must authorise the S19.				
	<b>Authorised Signatory</b>			<b>Print Name</b>	
<b>Position Held</b>					

<b>SECTION 5</b>	<b>Persons to be notified in case of emergency</b> (Please note you must be available at the emergency contact number at all times when the equipment is on)			
	<b>Name (BLOCK CAPITALS)</b> (Equipment Operator)		<b>Emergency Contact Tel No.</b>	
	<b>Name (BLOCK CAPITALS)</b> (Supervisor)		<b>Emergency Contact Tel No.</b>	
	<b>Supervisor's Signature</b>			

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**TEAR OFF THIS SECTION AND ATTACH TO EQUIPMENT – This equipment will be in use:**

<b>SECTION 6</b>	<b>Start Date</b>		<b>Completion Date</b>		<b>Start Time</b>		<b>Completion Time</b>	
	<b>Persons to be notified in case of emergency</b> (Please note you must be available at the emergency contact number at all times when the equipment is on)							
	<b>Name (BLOCK CAPITALS)</b> (Equipment Operator)			<b>Emergency Contact Tel No.</b>				
	<b>Name (BLOCK CAPITALS)</b> (Supervisor)			<b>Emergency Contact Tel No.</b>				
	<b>Supervisor's Signature</b>							