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**Lone & Out of Hours**

**Working Policy**

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# APPENDIX 3: Lock-Up\* Exceptional Access Request

(Please complete & forward to the Head of School/Centre Director for authorisation)

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| **Name of Requester**  **(Academic Supervisor / Staff member)** |  |
| School / Centre / Unit |  |
| **Date & Time access is required** |  |
| Proposed Work |  |
| **Why can this work not be completed during normal / out of hours times?** |  |
| **Has this work been risk assessed & signed off by Head of School / Centre?** |  |
| **Names of those who require access\*\*** |  |
| **Locations where work will be carried out (Building & Room Number(s))** |  |
| **Estimated duration of work (Start & Finish dates/times)** |  |

I certify that I have read the DCU Out of Hours policy document and that the work detailed above complies with the terms and conditions of out of hours access

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| --- |
| **Signature of Requester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

## To be completed by Head of school/centre director

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| --- |
| **I hereby authorise exceptional access during ‘Lock Up’ for the dates & times & persons noted above:**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Head of school / centre director to forward authorisation by e-mail to the HEALTH & SAFETY office (safety@dcu.ie) and security (helpdesk.estates@dcu.ie).** |

\* Lock-Up = 6pm Saturday – 9am Sunday; 6pm Sunday – 7am Monday; 6pm Bank Holiday Monday – 7am Tuesday. Specified days (pre-notified) at Christmas & Easter.

\*\* Those requiring access must already be authorised by Head of School / Centre to work ‘Out of Hours’