# APPENDIX 2: Approval Form for Lone/Out of Hours Work

This Form to be completed by Academic Supervisor for each Postgraduate Student or Staff Member requiring ‘Out of Hours’ access

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| --- | --- | --- | --- | --- |
| **Approved Name** |  | | | |
| **School / Unit** |  | | | |
| **Category of Staff Member / Postgrad** |  | | | |
| **Locations where work will be conducted (*room numbers)*** |  | **DCU Contact Extn:** | | |
| Listing of Authorised Activities | | Risk Category | **Buddy Req’d**  **Y/N** | **SafeZone Check in Timer Required**  **Y/N** |
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|  | **Sign:** | | **Date:** | |
| **Supervisor** |  | |  | |
| **Staff Member/Postgraduate student** |  | |  | |
| **Staff Member/Postgraduate student - Lone/Out of Hours Induction Training** | **Version Number of Policy:** | | **Date of training:** | |