

### Daily Room Occupation Form

<b>Job no. &amp; Title</b>	
<b>Contractor</b>	
<b>Contractor Site Manger</b>	
<b>HFT Rep</b>	

**Checks before starting works**

<b>Date &amp; Time:</b> .....		<b>COMMENTS</b>
Trust induction undertaken	Yes / No	
Contractor signed in	Yes / No	
Named escort appointed	Yes / No	
Keys Issued	Yes / No	
Attack Alarm Issued (and instructed)	Yes / No	
Functionality of Equipment / Systems impacted by works checked and confirmed (fire detection / CCTV / Staff Attack Alarms etc.)	Yes / No	
Permits in place (hot works permit etc.)	Yes / No	

**Checks on completion of daily activities**

<b>Date &amp; Time:</b> .....		<b>COMMENTS</b>
All materials removed	Yes / No	
All small tools removed	Yes / No	
All plant / machinery removed	Yes / No	
All waste removed	Yes / No	
Area left clean and tidy	Yes / No	
Functionality of Equipment / Systems checked and confirmed (fire detection / CCTV / Staff Attack Alarms etc.)	Yes / No	
Attack Alarm handed in	Yes / No	
Keys handed in	Yes / No	
Contractor signed out	Yes / No	

**Contractor Signed:** .....

**Date:** .....

**Site Rep Signed:** .....

**Date:** .....