**University of Reading**

Portable Appliance Testing Scheduling Form

 Version 2.0

**All Schools/Functions should complete part 1 and 2 of this form. Part 3 of the form is required for venues and higher hazard or specialised areas identified in part 2.**

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| **PART 1** |
| **School/Function name**: |
| **School/Function PAT organiser name, email, telephone, address:** |
| **Preferred start date:** | **Date of last testing:** |
| **Estimated number of items for testing:** |
| **Permission to exceed the estimated number of items**:  |
| **Which Campus?** Delete as appropriate.Whiteknights, London Road, Greenlands, Sonning Farm, Hall Farm, TVSP, another location: |
| **Building number(s) / name(s), room series**. If a whole building is to be tested, just the building number and name please. Eg. W001, Edith Morley, G01-G02 suite for Student Services. 12345Other(s). |
| **Access times**: If different for individual buildings or specific areas of buildings, please list these requirements below.12345Other(s). |
| **Keys/access cards are arranged by, contact name, email, telephone:** |
| **Is security clearance or additional ID required?** If so what type? |
| **Parking permit are arranged by, contact name, email, telephone:****Which car park to use?** |
| **Who should receive the daily log of failed items if different to the person organising the PAT works? Contact name, email, telephone:** |
| **Local contact for health and safety questions during the arranged site visits, contact name, email, telephone:** |
| **PART 2 – Types of Facility** |
| **Types of facilities.** Delete as appropriate.**Low hazard areas**: office type areas/common rooms/kitchenette/reception/similar, teaching classrooms or study spaces, libraries.**Higher hazard areas**: Labs, workshops, studios, theatres, greenhouses, IT sever rooms, stores, other.**Specialised areas:** catering kitchens, bar/café/restaurant/dining, stores, hotels, conference areas, museums, gym/sporting facility, place of worship, rental property, other accommodation, farm buildings.**Other specialised areas**. |
| **PART 3 – For venues, higher hazard, and specialised areas ONLY** |
| **Do any of the higher hazard or specialised areas identified in part 2 have access controls in place?**If yes, what arrangements will be needed for access? Eg. 1x MRI facility is highly restricted access and requires a PTW and additional screening checks. Eg. 15x Labs at limited access and require a PTW or local induction.12345Other(s). |
| **What PPE is required to work in areas covered by the testing program?**Eg. When in labs, the use of lab coat, eye protection and disposable gloves as required by the PTW or local induction. 12345Other(s). |
| **Permits to work are arranged by, contact name, email, telephone:**123345Other(s). |
| **Will working at height or other specialised arrangements be required?**Eg. A ladder is required for testing overhead lighting installations in greenhouses.123Other(s). |