DLO TRANSFER OF CONTROL DOCUMENT

<table>
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<tr>
<th>Form No:</th>
<th>Date:</th>
<th>Duration:</th>
<th>Project Manager:</th>
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**Issue (To be completed by the person authorised to issue the Transfer of Control Document)**

I hereby declare that the control of the following area of University property or system...

Has been transferred to (name):

Of (company name and address):

For the purpose of carrying out the following work:

The points of system isolation are (if required):

Further information which may be required in order to establish a safe system of work:

Print name: .................................................... Sign: ...............................................................
Time: .............................................................. Date: ..............................................................

**Receipt (To be completed by the person responsible for the works)**

As the Duty Holder for the hazards on the system/s and/or area/s scheduled above, I also accept responsibility for the setting up and the enforcement of safe working procedures and the control of the hazards associated with the work detailed above and shall ensure that the works are carried out by competent persons having the necessary skills and experience.

I have read and understood my company risk assessment and method statement for this work:

Yes ☐ No ☐

Contact number……………………………………………. Out of hours contact number:……………………………………………………

Before commencing any work on the transferred system/s and/or area/s the Duty Holder shall post any relevant CAUTION SIGNS and check the relevant ASBESTOS REGISTER.

Print name: .................................................... Sign: ...............................................................
Time: .............................................................. Date: ..............................................................

**Completion (To be completed by the person responsible for the works)**

I hereby declare that the work for which this Transfer of Control Document was issued is now suspended /completed, and that the persons under my charge have been withdrawn and will carry out no further work on the system/s and/or area/s and that all gear and tools are clear. I also declare that the transferred system/s and/or area/s is safe to reinstate.

Signed: ......................................................... Time: ......................... Date: .......................

**Cancellation (To be completed by the person authorised to issue the Transfer of Control Document)**

This Transfer of Control Document is now cancelled and that the University system/s and/or area/s listed above are now under Estates Services control.

Signed: ......................................................... Time: ......................... Date: .......................
Further Information:

Oxford University Estates Services Direct Labour Organisation
1A South Parks Road
Oxford
OX1 3UB
Tel: 01865 270877

Persons authorised to issue Transfer of Control Documents:

Chris Young – DLO Mechanical Supervisor
chris.young@admin.ox.ac.uk
Mob: 07736 950653

Steve Brown – DLO Mechanical Supervisor
Stephen.brown@admin.ox.ac.uk
Mob: 07554 415852

Out of hours emergencies can be reported to Security Services on 01865 289999