**Rotherham Doncaster and South Humber NHS Foundation Trust**

**Alterations / Adaptations to Buildings**

Date Raised: . . . . . . . . . . . . . . . . .

Building: . . . . . . . . . . . . . . . . . . . . . . . . Room: . . . . . . . . . . . . . . . . . . . . . .

Works required:

Key dates associated with the required works: . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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| --- | --- | --- |
| Department | Signature | Remarks |
| **Project Lead (scope of works approved and agreed)**  Please indicate Y/N if required and if appropriate have department sign and give remarks that they have been consulted.  Consult with:  LSMS Y / N  Fire Safety Advisor) Y / N  Safety team Y / N |  |  |
| **Clinicians (works meet clinical needs)**  Please indicate Y/N if required and if appropriate have department sign and give remarks that they have been consulted.  Consult with:  Work meets clinical needs Y / N  Infection Control Y / N  Back Care Advisory Service Y / N  Other (Specify)  . . . . . . . . . . . . . . . . . . . . Y / N |  |  |

Enquiry raised by:

Name: . . . . . . . . . . . . . . . . . . . . . . . . . Position: . . . . . . . . . . . . . . . . . . . . . . . . .

**Authorisation Completed and Accepted**

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Signed: . . . . . . . . . . . . . . . . . . . . . . . . . . . . Signed: . . . . . . . . . . . . . . . . . . . . . . . . . . . .