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| **ROOF ACCESS PERMIT**  |

 **This permit must only be used in conjunction with a Permit to Work**

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| **APPLICATION FOR ROOF PERMIT** |
| **ACU Permit to Work Reference** [see Permit to Work] | **PTW-** |
| **Organisational unit or company performing work** |  |
| **Contact name** |  |
| **Location of work** |  |
| **Description of work to be undertaken:** |  |
| **Equipment being used** |  |
| **WORK RISK ASSESSMENT (Tick Yes or No)**  |
| **Hazards** | Yes | No |  | Yes | No |
| Steep pitched roof e.g. 1 in 6/15%  |  |  | If Yes, will suitable safety equipment be used? |  |  |
| Fragile covering? |  |  | If Yes, will suitable safety equipment be used? |  |  |
| Will work be carried out near the roof edge? |  |  | If Yes, will suitable safety equipment be used? |  |  |
| Are guardrails to be erected? |  |  | If Yes, will suitable safety equipment be used? |  |  |
| **Weather Factors** |
| Strong Wind |  |  | If Yes, is it safe to go ahead? |  |  |
| Rain |  |  | If Yes, is it safe to go ahead? |  |  |
| Heat |  |  | If Yes, is it safe to go ahead? |  |  |
| Glare |  |  | If Yes, is it safe to go ahead? |  |  |
| **If ‘No’ to any of the above weather factors approval WILL NOT be given and the work MUST NOT PROCEED.** |
| Has the underside of the roof been inspected for structural soundness (including meshing for sky lights?) |  |  |

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| **ISSUE OF PERMIT – AUTHORISED PERSON** |

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| **Permit Valid From** [see Permit to Work] | Date: / / Time: am/pm |
| **Permit Valid Until** [see Permit to Work] | Date: / / Time: am/pm |

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| Name of person issuing permit | Position / Organisation | Signature | Date | Time |
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| **RECEIPT OF PERMIT – PERMIT HOLDER** |
| I confirm that only the work stated above will be carried out and all precautionary measures will be taken |
| Person in charge of work | Position / Organisation | Signature | Date | Time |
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| **CANCELLATION OF PERMIT – AUTHORISED PERSON** |
| Person cancelling permit | Position / Organisation | Signature | Date | Time |
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