|  |
| --- |
| **ROOF ACCESS PERMIT** |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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?) | | | |  |  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person issuing permit | Position / Organisation | Signature | Date | Time |
|  |  |  |  |  |
|  |  |  |  |  |
| **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 |
|  |  |  |  |  |
|  |  |  |  |  |
| **CANCELLATION OF PERMIT – AUTHORISED PERSON** | | | | |
| Person cancelling permit | Position / Organisation | Signature | Date | Time |
|  |  |  |  |  |