This permit must be completed by entry personnel and receive EHS authorization prior to entry. Keep this permit at the worksite during operations. Return completed permit to EHS. If there are changes to the scope of work, hazards, and/or safeguards identified on an active Roof Access Permit, a new Roof Access Permit must be completed.

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| General Information |
| Person(s) or Contractor Requesting Permit: Click to enter text |
| Department and Building: Click to enter text   |
| Area of roof to be accessed (be specific – attach sketch/photos of roof and area of intended access): Click to enter text |
| Task to be performed: Click to enter text |
| Date(s) of access: Start date & time: Click to enter date End date & time: Click to enter dateClick here to enter text. |
| Date of Pre-task planning meeting of Contractor (with FM Project Manager & EHS) : Click to enter date |
| Identification of Potential Hazards (check all that apply) |
| ☐ | Low slope roof (4:12 or less) | ☐ | Asbestos | ☐ | Different levels of roof requiring access |
| ☐ | Steep slope roof (greater than 4:12) | ☐ | RF radiation (cell phone tower) | ☐ | Elevated mechanical equipment within 10 feet of perimeter edge |
| ☐ | Parapet wall less than 42 inches high | ☐ | Perimeter leading edge work |  |  |
| ☐ | Skylights | ☐ | Roof openings (ladder openings, holes, etc.) | ☐ | Other: Click to enter text |
| ☐ | Controlled access zone | ☐ | Roof hatches within 10 ft. of perimeter edge | ☐ | Other: Click to enter text |
| ☐ | Roof assessment/evaluation issues | ☐ | Slippery when wet | ☐ | Other: Click to enter text |
| Safety Preparations (check all that apply) |
|  | Describe Safeguards and Actions Required |
| ☐ | Minimum of two persons performing work (required) | Click to enter text |
| ☐ | Radio communication to/from ground established (required) | Click to enter text |
| ☐ | Lighting provided for night work | Click to enter text |
| ☐ | Weather conditions safe | Click to enter text |
| ☐ | Falling object protection provided | Click to enter text |
| ☐ | Fall protection/work plan (required - must be attached) | Click to enter text |
| ☐ | Skylights, roof openings and holes covered or guarded with covers/guardrails meeting regulated strength | Click to enter text |
| ☐ | RF non-ionizing radiation hazard map | Click to enter text |
| ☐ | Safe work practices for mechanical equipment use reviewed | Click to enter text |
| ☐ | Hot work permit | Click to enter text |
| ☐ | Evaluate roof loading – added support required? | Click to enter text |
| ☐ | Other: Click to enter text | Click to enter text |

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| Review/Access Authorization |
| Important Note: Permit reviewer(s) cannot be the person(s) accessing the roof. |
|  | Name | Signature | Date |
| SSU Facility Management(Project Manager/Supervisor) | Click to enter text |  | Click to enter date |
| Contractor supervisor/manager(of contracted employees who will access roof) | Click to enter text |  | Click to enter date |
| Dept of Environmental Health & Safety |  |  |  |
| Permit Expires:  | Date: | Click to enter date | Time: |  |  |
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| Employee(s) have reviewed the Fall Protection Plan and Permit |
| Name (print) | Signature | Date |
| Click to enter text |  | Click to enter date |
| Click to enter text |  | Click to enter date |
| Click to enter text |  | Click to enter date |
| Click to enter text |  | Click to enter date |
| Click to enter text |  | Click to enter date |

 Post this permit at the entrance to the roof.