

Roof Access Permit

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.

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

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<input type="checkbox"/>	Safe work practices for mechanical equipment use reviewed	
<input type="checkbox"/>	Hot work permit	
<input type="checkbox"/>	Evaluate roof loading – added support required?	
<input type="checkbox"/>	Other:	

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)			
Contractor supervisor/manager (of contracted employees who will access roof)			
Dept of Environmental Health & Safety			

Permit Expires: Date: _____ Time: _____

Employee(s) have reviewed the Fall Protection Plan and Permit

Name (print)	Signature	Date

Post this permit at the entrance to the roof.