



Roof Access Permit HS-FR-10-07

Centre/Location:	<input type="text"/>	Date:	<input type="text"/>
Company Name:	<input type="text"/>		
Permit Receiver:	<input type="text"/>	Contact Phone:	<input type="text"/>
Description & Location of Work:	<input type="text"/>		
Permit Issuer Name:	<input type="text"/>	Vicinity Centres Position:	<input type="text"/>

Roof Access

Communication protocols included in SWMS or other risk assessment documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Appropriate keys obtained	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Radio frequency radiation plan/manual reviewed & understood	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Roof Safety Audit Report reviewed & understood	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

Additional Permits Required

Hot Work	<input type="checkbox"/> Yes	Fire System Impairment	<input type="checkbox"/> Yes
Excavations & Penetrations	<input type="checkbox"/> Yes	Confined Space Entry	<input type="checkbox"/> Yes
Critical Lift	<input type="checkbox"/> Yes	Work at Height & BMU	<input type="checkbox"/> Yes

Copy of SWMS or risk assessment attached or saved to file? Yes

This permit is valid from:

Start Date:

Time

:

Expiry Date:

Time

:

I understand the permit requirements & the controls specified will be implemented & monitored.

Permit Receiver:

Signature:

Permit Issuer:

Signature:

I confirm that the worksite has been made safe & all persons & tools are accounted for:

Date:

Time:

Permit Receiver:

Signature:

Permit Issuer:

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