**PERMIT FOR ROOF ACCESS PF184**

NOTE: The control measures and precautions appropriate for the safe entry and execution of the work on this roof have been implemented and persons required to work on the roof have been advised of and understand the requirements of this written authority.

***Authorised Person****: The Supervisor of permit requestor is responsible for authorising this permit, in consultation with the relevant Client Facilities Manager (CFM) prior to the commencement of work. This permit is valid only for the date and time specified. When the work is complete or this permit expires, the authorised person for the roof access work must sign off the permit*.

|  |
| --- |
| **PART A – TASK / PERMIT INFORMATION**  |
| Date of Issue (dd/mm/yyyy):       /       /       | Location of Work:       |
| Time of Issue:       :       am / pm  | Person in Control of Work:       |
| Period permit required from:       :       am / pm | Description of Work:       |
| Period permit required to:       :       am / pm |

|  |
| --- |
| **PART B – PRE-ENTRY REQUIREMENTS**  |
| Relevant CFM has been consulted(Note: No Approval without consulting relevant CFM) | Yes: [ ]  No:[ ]   | Time and Date of Consultation: |
| Has a risk assessment been undertaken UQ Safe **and/or** the Safe Work Method Statement (SWMS) reviewed? | Yes: [ ]  No:[ ]   | Comment:      UQ Safe number: |
| Is the fire system isolated? | Yes: [ ]  No:[ ]  | Comment:       |
| Are any other isolations required? | Yes: [ ]  No:[ ]  | Comment:       |
| Is Hot Work permit PF220 required? | Yes: [ ]  No:[ ]  | Permit Number:       |
| Have you reviewed the Roof Safety Reports? | Yes: [ ]  No:[ ]  | Comment:       |
| Will the work require access within 2-meter of an unprotected edge? | Yes: [ ]  No:[ ]  | If YES, consult with local HSW manager:  |
| Is suitable safety equipment and PPE available for working on the roof? | Yes: [ ]  No:[ ]  | Comment:       |
| Is there strong wind rain or likelihood of rain?  | Yes: [ ]  No:[ ]  | Comment:       |
| Is fall arrest equipment required as a primary control measure? | Yes: [ ]  No:[ ]  | If yes, outsource work to competent contractor.  |
| Are there any electrical risks present? | Yes: [ ]  No:[ ]  | Comment:        |
| Is Emergency Response Plan (ERP) and equipment required?  | Yes: [ ]  No:[ ]  | If yes, complete ERP Consideration in Appendix A prior to seeking approval from relevant approver.  |
| **PART C – HAZARDS, PRECAUTIONS OR OTHER REQUIREMENTS**  |
| Have warning signs/barricades/barriers been installed? | Yes: [ ]  No:[ ]  | Comment:       |
| All persons are trained in health and safety procedures for working at heights? | Yes: [ ]  No:[ ]  | Comment:       |
| **PART D – ACCEPTANCE** |
| I/We have checked the permits, procedures and ERP required for the safe access and execution of working on the roof. I/We have been advised of and understand the control measures and precautions to be observed. Persons performing Roof Work will be required to sign on/off this permit to adhere to all prescribed controls. The work area shall be checked and secured on completion of activities. |
| **Permit Requestor (Work group Supervisor)**Print Name:                Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:       /       /       | **Authorised Person**Print Name:                Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:       /       /       |

|  |
| --- |
| **PART E – EMPLOYEES LOG IN/LOG OUT**  |
| **NAME:**  | **DATE:**  | **TIME IN:**  | **TIME OUT:**  |
|                 |       /       /       |       :       am/pm |       :       am/pm |
|                 |       /       /       |       :       am/pm |       :       am/pm |
|                 |       /       /       |       :       am/pm |       :       am/pm |
|                 |       /       /       |       :       am/pm |       :       am/pm |
|                 |       /       /       |       :       am/pm |       :       am/pm |

|  |
| --- |
| **PART F – WORK COMPLETION**  |
| **Work Group Supervisor (Permit Requestor) to complete:** |
| All persons/equipment accounted for:  | Yes: [ ]  No:[ ]   |
| Equipment checked / stored correctly:  | Yes: [ ]  No:[ ]   |
| Permit returned and work completed:  | Yes: [ ]  No:[ ]  |
| Abnormalities |                 |
| Print Name:                Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:       /       /      Time:       :       am/pm  |

|  |
| --- |
| **PART G – PERMIT CLOSE OUT** |
| **Authorised Person**  |
| Print Name:                Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:       /       /      Time:       :       am/pm  |

|  |
| --- |
| **APPENDIX A: EMERGENCY RESPONSE PLAN (ERP) CONSIDERATIONS**  |
| Is a stand-by person/observer required? | Yes: [ ]  No:[ ]   | Comment:                 |
| What communications systems will be used?  | * Direct voice communication [ ]
* Mobile phone [ ]
* Two-way radio / headsets [ ]

Comment:                 |
| Can workers easily access first aid equipment? | Yes: [ ]  No:[ ]   | Comment:                 |
| Is the observer adequately trained in first aid? | Yes: [ ]  No:[ ]  | Comment:                 |
| Is suitable safety equipment and PPE available for working on the roof? | Yes: [ ]  No:[ ]  | Comment:                 |
| Are you aware of weather conditions? | Yes: [ ]  No:[ ]  | Comment:                 |
| Are isolated workers registered on UQ Safe Zone? | Yes: [ ]  No:[ ]  | Comment:                 |