



ROOF ACCESS PERMIT

PF184

1. Requestor Details:					
Name:		Position			
Organisation:		Section:			
Contact No.:		Date:	/ /		
Description of Work:					
Reason for Roof Access:					
Period Access Required:	Start:	Finish:			
Project Manager Name:					
2. Site Details:					
Campus:					
Building Name:		Bldg No.:		Key No.:	
Roof Area – identify the area to be accessed:					
Has the Working at Heights Register been reviewed to identify what safety systems are in place and is the system compliance current?					<input type="checkbox"/> Y or <input type="checkbox"/> N
3. Supervision Status:					
Supervised access required by Client Facility Manager (CFM), Client Facility Officer (CFO) or Project Manager (<i>i.e. inspections or investigations</i>). If yes, go to Section 5.					<input type="checkbox"/> Y or <input type="checkbox"/> N
Unaccompanied access required by contractor? If yes, Section 4 must be completed					<input type="checkbox"/> Y or <input type="checkbox"/> N
4. Documentation Required for Unsupervised Access:					
• Has the Safety Plan or Safe Work Method Statement been reviewed by HSC? (<i>Attach to this permit</i>)					<input type="checkbox"/> Y or <input type="checkbox"/> N
• Height safety training					<input type="checkbox"/> Y or <input type="checkbox"/> N
• TELCO installer/applicant – Telco Carrier's authority (<i>Attach to this permit</i>)					<input type="checkbox"/> Y or <input type="checkbox"/> N
5. Persons Involved in Works:					
Name	Company	Working at Heights Training Level – RTO Training Card No.		Signature	
6. Authorised By:					
<i>(Authorised persons are: HSC, CFM, Project Manager and Security Manager.</i>					
This roof access permit is issued to authorise only those persons listed on this form.					
Name:		Position:			
Section:		Contact No.:			
Signature:		Date:	/ /		
		Security Advised:	<input type="checkbox"/> Y or <input type="checkbox"/> N or <input type="checkbox"/> N/A		

Upon completion of the work forward *original* to the Project Manager or CFM