

SCIENCE & TECHNOLOGY FACILITIES COUNCIL

Roof Work Permit

Permit No:

Building / Area: Exact location:.....

Job Details:

Tools/Special Equipment to be used:

This permit is only valid when all sections are complete. If you are in doubt or don't understand, then please ask.

Please ensure that you sign this permit to work. On receipt of this permit, the responsible person will be issued with a key for access to the identified roof area. Return the key and permit form to Estates Department for filing.

I have read and understood the Code on Work at Heights. I will not access any other roof area.

Hazards to be aware of and precautions taken Please Tick	Yes	No	N/A
Are you qualified/trained to undertake this work?			
Appropriate permits posted?			
Is there a safe means of access and egress?			
Area to be barricaded?			
Is there a means of contact in emergency? Method:			
Crawl boards with handrails and roofing ladder to be used?			
Scaffolding and/or harness required?			
Weather conditions acceptable?			
Ducts or outlets on roof?			
If yes? Any hazard from fumes, steam etc.?			
Existing overhead services crossing and/or adjacent to proposed work area?			
Edge protection, guard rails, toe boards required? (roof or scaffold)			
Are there fragile surfaces?			
Is personal protective equipment required?			
2 nd person required? NAME:			
Rescue plan where fall arrest harness is in use			
Method statement attached?			

Other precautions required:

Other safety equipment required:.....

.....

TURN OVER FOR ACCEPTANCE AND AUTORISATION

Preparation Complete. Acceptance and Authorisation

I verify the above location has been examined, the precautions taken on the checklist have been taken, and that permission is authorised for this work. I also accept responsibility for the work to be carried out.

Person in charge of work: **Signed:**.....

Permit issuer: **Title:**.....

Date and Time:..... **Time of Expiry:**

EXTENSION

I hereby certify that I have re-examined the situation covered by this **Permit** and authorise its extension to the Time and Date noted below

Permit extended to:		Signature of Authorised Permit issuer	Any additional precautions to be taken
Time	Date		

Hand Back and Cancellation Procedures

I confirm that the work has been completed/partially completed, checked by myself and the area left in a safe condition (please delete accordingly)

Person in charge of work: **Date and Time:**

I have inspected the finished work and hereby cancel this permit

Permit issuer: **Date and Time:**