## Permit to Work: Access to Roofs

**Instructions for Use:** This Access to Roofs permit should be completed by an Authorised Permit Issuer prior to any work operations taking place that could involve working at a height greater than two metres. It should be used in conjunction with a suitable and sufficient risk assessment and safe system of work/ method statement.

**Competent Person carrying out the work:** Once authorised, you must complete the Start Time and hang this permit in a highly visible position near the work location. When the work is completed, you must complete the Finish Time and return this permit to the Authorised Permit Issuer.

**In an emergency please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) on \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ (Tel. No.)**

**Authorised Permit Issuer:** Initially inspect the work area and complete the Workplace Precautions Checklist (Section B of this form). Keep a copy of the permit and issue the original to the Competent Person carrying out the work. Make a final inspection after the work has been completed.

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| **Section A – Details of the Work at Height to be Undertaken** |
| **Location of the works** |  |
| **Description of the works to be undertaken** |  |
| **Company/contractor carrying out the work** |  |
| **Competent Person supervising the works on behalf of the company/contractor named above** |  |
| I confirm that the above information has been made known to the Competent Person in charge of the work and that all precautions as detailed in Section B have been implemented where appropriate. I consider that the location stated above is safe for the competent person(s) to commence work operations.  |
| **Print Name (Authorised Permit Issuer)** |  | **Sign Name** |  |
| **Date** |  | **Time** |  |
| **Permit Starts** **(Date & Time)** |  | **Permit Expires** **(Date & Time)\****\* Not more than one shift.*  |  |
| **Section B - Workplace Precautions Checklist (tick to confirm)** | **Yes** | **No** | **N/A** |
| Have suitable and sufficient risk assessments/ method statements been carried out? (Please attach).  | [ ]  | [ ]  | [ ]  |
| **Access** |
| Has the most suitable type of access equipment been selected? (I.e. scaffolding or mobile elevated work platform for longer during work, ladders for infrequent, short duration work only). | [ ]  | [ ]  | [ ]  |
| Does the contractor erecting the scaffold / tower have a valid CISRS/PASMA (or equivalent) certificate? | [ ]  | [ ]  | [ ]  |
| **Falls from Height:** Are there any risks of falls from height via:  |
| Fragile roof materials or roof lights? | [ ]  | [ ]  | [ ]  |
| Gaps or holes in roofs? | [ ]  | [ ]  | [ ]  |
| Unprotected edges? | [ ]  | [ ]  | [ ]  |
| Sloping roofs? | [ ]  | [ ]  | [ ]  |
| If answered yes to any of the above, please give details of exact location and control measures in place/to be followed (please continue overleaf if required): |
| **Falling objects:**  |
| Is the area under the works cordoned off? | [ ]  | [ ]  | [ ]  |
| Are precautions in place to prevent falling objects (e.g. edge protection/ toe boards, use of tool belts, not storing materials close to the roof edge)?  | [ ]  | [ ]  | [ ]  |
| If answered no to any of the above, please give details and specify any other control measures in place:  |
| **Print Name (Authorised Permit Issuer)** |  | **Sign Name** |  |
| **Date** |  | **Time** |  |

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| **Section C – Acceptance and Receipt by Competent Person** |
| I confirm receipt of this Access to Roofs permit and understand the precautions described above. Neither I nor the person(s) under my control/supervision will work on any other activity or location other than those specified in Section A. |
| **Print Name (Competent Person)** |  | **Sign Name** |  |
| **Date** |  | **Start Time** |  |

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| **Section D – Extension (to be completed by the Authorised Permit Issuer)** |
| I give permission for this permit to be extended as described below:  |
| **Time Extension (start)** |  | **Time Extension (end – no more than one shift)** |  |
| **Print Name**  |  | **Sign Name** |  |

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| **Section D – Completion of Roof Works** |
| I confirm that the work described in Section A is complete. The area has been inspected and all tools, equipment and personnel have been withdrawn. |
| **Print Name (Competent Person)** |  | **Sign Name** |  |
| **Date** |  | **Finish Time** |  |

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| **Section E – Clearance/ Cancellation** |
| I confirm that the work area and adjacent areas have been inspected after the work was completed and were found to be safe. I confirm that the location has been left in a safe condition and that all tools and equipment have been removed. This permit is now cancelled and all additional works will require a new permit to be issued.  |
| **Print Name (Authorised Permit Issuer)** |  | **Sign Name** |  |
| **Date** |  | **Time Cancelled** |  |