

ROOF ACCESS - PERMIT TO WORK

Emergency Contact 24/7 - Protection Services 02477 657363

SECTION 1 - WORK DETAILS *(to be completed by the Permit Creator)*

Permit Number:		Planon Ref:	
Permit Creator: (University Contact)			
Contact Telephone Number:			
Description of work to be undertaken:			
Building:			
Location Details:			
Asset Number/s:			

Roof RAG Rating. All of our Roof Spaces have been surveyed by our specialist Contractor and based on level of risk have been assigned a category based on the below key.

Key	Understanding	Personnel
Purple	Specialist (Rope Access, SSOW etc.)	2
Red	SSOW Required - No collective or permanent height safety equipment	2
Amber	Advanced, Harness, Lanyards, advanced training, positioning required	2
Yellow	Standard, Harness, Lanyard, Basic Training	1
Green	Basic - Collective Protection provided	1

A roof plan will be provided by Contract Support detailing the rating

SECTION 2 - SIGN OFF *(to be completed by the Permit Creator)*

Company Name:		
Permit Holder Operative/s:		
Contact Number:		
Date of Permit	Valid From:	Valid To:
Time of Permit	Valid From:	Valid To:

SECTION 3 - WORK HAZARDS *(to be completed by the Permit Creator)*

Describe the existing work hazards and those that the work will introduce:

<p>Precautions below to be considered and included in the above if applicable: this is not an exhaustive list</p>			
<p>1. Share Roof Risk Register & Visuals of Roof with contractor before access!</p> <p>2. Is fall arrest / full body harness required?</p> <p>3. Is there a rescue plan in place?</p>	<p>4. What communication system is in place?</p> <p>5. Consider if there are any lighting issues?</p> <p>6. Is tethering of tools required?</p> <p>7. Review weather conditions throughout the day</p> <p>8. Man safe system installed? Y / N Certificate rec'd <input type="checkbox"/></p>		
<p>Describe any limitations or restrictions that will apply during the work:</p>			
<p>Authorising Person: received and reviewed RAMS to ensure control measures for the above identified work hazards are in place.</p>	<p>YES</p>	<p>NO</p>	<p>RAMS Reference Number:</p>
<p>Name of Authorising Person:</p>	<p>Date:</p>		
<p>Health and Safety on-line induction completed:</p>	<p>YES</p>		<p>NO</p>
<p>Induction Expiry Date:</p>			

SECTION 4 - DECLARATION AND AUTHORISATION

Permit RECEIVER (Competent Person in charge):

I have read, understood and accept the requirements of this permit to work. It is my responsibility to safely undertake the works using the agreed methods as detailed in my risk assessment and method statement and will comply with the University's health and safety rules. I understand that if the work deviates from these agreed methods, I will stop and notify the Estates Department immediately before continuing. I accept and will ensure that everyone working under my supervision will strictly follow the requirements of this permit.

Name:		
Signature:	Date:	Time:

Permit CREATOR / University Contact

This permit will be issued for the area detailed in Section 1 on the understanding that all agreed safe systems of work will be adhered to.

Name:		
Signature:	Date:	Time:

ISOLATION REQUIRED YES / NO *circle as appropriate*

Services must be isolated by University before the Contractor can start works.

Name of University Contact to carry out safe isolation:	Which services needs to be safely isolated:

NOTE: Any CAT LADDER access should be safely resecured after use!

SECTION 5 - CLEARANCE

Permit RECEIVER (Competent Person in charge):

Please detail any faults, repairs, accidents or incidents that have occurred/highlighted during the course of these works:

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I certify that the work for which the permit was issued is now **COMPLETED**. The area has been left safe or issues reported and reinstated to the condition prior to the work.

Name:

Signature:

Date:

Time:

SECTION 6 - COMPLETION

Permit CREATOR / University Contact

The work relating to this permit to work is hereby **COMPLETED**, the area is restored to safe operating conditions and any isolations have been removed and put back into service.

Name:

Signature:

Date:

Time:
