

ROOF ACCESS PERMIT

Green section to be completed by the party requesting access to a roof area.

Contractor (Name):	Contractor (Company):
Contractor (Mobile):	Location:

Reason for roof access:

Date(s) of Access:	Time of Access:
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Day(s) of Access:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
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Are you going within 2 metres of the edge? Abseiler not to proceed within 2m of edge without approved harness attachment to a certified fall arrest system.

Appropriate Insurance Certificates received (Public Liability and Workers Compensation)

Appropriate Licences, Training or Qualifications for specific work tasks demonstrated

Site Safety Induction completed

Site-specific Safe Work Method Statement / Risk Assessment submitted

Appropriate safety equipment (Including safety equipment inspection certificate) provided

Operator to wear approved / tested safety harness

Safe Work Method Statements given to Walker Asset Management

Blue section to be completed by Security upon completion of access to a roof area.

Work area is left clean and tidy

Gates / access doors to be locked to prevent unauthorised access

Yellow Section to be completed by Walker Asset Management

Authorising person:	Position:
Date:	Phone:
Access Approved from:	Until:

Signature:

Please return completed form to the Walker Facilities Management Team.