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:**

Day(s) of Access: **Mon** ☐ **Tue** ☐ **Wed** ☐ **Thu** ☐ **Fri** ☐ **Sat** ☐ **Sun** ☐

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)	Select
Appropriate Licences, Training or Qualifications for specific work tasks demonstrated	Select
Site Safety Induction completed	Select
Site-specific Safe Work Method Statement / Risk Assessment submitted	Select
Appropriate safety equipment (Including safety equipment inspection certificate) provided	Select
Operator to wear approved / tested safety harness	Select
Safe Work Method Statements given to Walker Asset Management	Select

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

Work area is left clean and tidy	Select
Gates / access doors to be locked to prevent unauthorised access	Select

Yellow Section to be completed **by** *Walker Asset Management*

Authorising person:	**Position:** Select
Date:	**Phone:**
Access Approved from:	**Until:**
Signature:	

Please return completed form to the Walker Facilities Management Team.