**ROOF ACCESS PERMIT CERTIFICATE (Internal Access)**

No.

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| THIS CERTIFICATE IS IN ADDITION TO AND NOT IN PLACE OF A PERMIT TO WORK | Top Copy: To be retained by Permit to Work issuer, Middle copy: Attach to Permit to Work and give to group carrying out the work. Must be returned to the Permit to Work issuer when handing back PTW, Bottom Copy: Retained by Roof Certificate issuer. | | | | | | Tel No. |
| SITE: .........................................................................................  SECTION: ………………………………………………………………………………  PLANT: ………………………………………………………………………………..  ROOF REF: …………………………………………………………………………..  ROOF NAME: ……………………………………………………………………….  ………………………………………………………………………………………….....  ……………………………………………………………………………………………..  …………………………………………………………………………………………….. | WORK TO BE CARRIED OUT  ……………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………… | | | Name of leader & group carrying out work | |  |  |
| Roof Certificate requester | |  |  |
| Appointed Person preparing this Certificate | |  |  |
| CERTIFICATE VALID FROM:-  Time …………………………… To Time …………………  Date …………………………… Date ……………………… | | | |
| CONDITIONS UNDER WHICH THIS CERTIFICATE IS ISSUED – (Roof Certificate Issuer to specify)  All additional permits and assessment documents to be attached to this certificate | | \*Delete as necessary | SAFETY REQUIREMENTS:- Edge Protection required in all cases | | | | |
| 1. A Signed Permit to Work is required from the Estates Department before work commences. | | YES/NO\* | Protection Required:- Eaves Scaffold Guard Rails Area to be Fenced Off  Safety Nets ………………………………………………………………………………………………………………………………………  Crawling Boards …………………………………………………………………………………………………………………………………  Cat Ladders ……………………………………………………………………………………………………………………………………….  Special Requirements ………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………... | | | | |
| 1. Signed Hot Work Permit is required from the Operating Manager of the Roof.   Equipment to be used ……………………………………………………………………………………………………………………………… | | YES/NO\* |
| YES/NO\* |
| 1. Unprotected live electrical conductors in the vicinity. | | YES/NO\* |
| 1. Additional warning notices required.   Type ……………………………………………………………. | | YES/NO\* | Personal Safety Equipment:- Harness Lifeline with Fall Protection Fall Arrest System  Special Requirements …………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………… | | | | |
| 1. Access is by Permanent/Temporary\* means.   Specify ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………….. | | N/A | Special Instructions …………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………… | | | | |
| 1. Copy of method statement and risk assessment attached | | YES/NO\* |
| **ROOF CERTIFICATE ISSUED BY:**  **Nominated Roof Eng. (Print) ……………………………………**  **Section: ……………………………………………………………………**  **Tel No. for advice: …………………………………………………..**  **Signature: ………………………………………………………………..**  **Date: ………………………. Time ………………………………..**  **Accepted By: …………………………………………………………..**  **Date: ……………………. Time ………………………………..** | **THESE ARE THE MINIMUM PRECAUTIONS WHICH MUST BE TAKEN AND IN NO WAY ABSOLVE THE APPLICANT OR ISSUER FROM HIS RESPONSIBILITIES FOR COMPLYING WITH THE CURRENT REQUIREMENTS OF THE HEALTH AND SAFETY AT WORK ACT, THE MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS THE CONSTRUCTIONS REGULATIONS, PLUS OTHER RELEVANT LEGISLATION**  **THIS DOCUMENT DOES NOT COVER WORKING AT HEIGHTS OR THE USE OF SCAFFOLDING, MOBILE TOWERS OR LADDERS.** | | | | **THIS CERTIFICATE IS CANCELLED**  **No further work is permitted:-**  **Reason**  **……………………………………………………………………**  **……………………………………………………………………**  **Signature ……………………………………………………**  **Date ………………………. Time ………………………** | | |
| **RETURN TO NOMINATED ROOF ENGINEER** | | |