



DEATH OR SEVERE INJURY IS CERTAIN SHOULD A PERSON FALL FROM A ROOF TOP, OR SHOULD AN OBJECT FALL FROM A ROOF TOP AND HIT A PERSON BELOW. This permit is intended to address the specific risk of a person falling, or objects falling from roof tops. The type of work/activity/operation being undertaken while on the roof top will be addressed separately.

This permit is for Contractors engaged by the AIT Estates Office to carry out works which involves access to an outside roof on a Campus building, and may also be used by Specialist Contractors engaged by other AIT Departments, with the agreement of the Estates Manager. Accessing a roof top is an extremely hazardous activity. There are a variety of roof types on the various buildings in AIT, with different gradients, heights, level, surface finish materials, structural make up, plant and equipment, access methods, roof safety systems etc.

Access to rooftops is controlled by the Estates Office. Access without the Estates Office permission via the completion of this Roof Access Permit is **STRICTLY PROHIBITED**.

GENERAL INFORMATION

Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Building Roof to be accessed:	
Type of Hot works to be undertaken:	
Roof Access commencement time & date:	
Roof Access completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Has a Risk Assessment been carried out specifically identifying the risks associated with working on the roof of the building?	<input type="checkbox"/>	<input type="checkbox"/>
• Have the highlighted risks and hazards from the Risk Assessment been eliminated or reduced to an appropriate level by implementing the identified Control Measures?	<input type="checkbox"/>	<input type="checkbox"/>
• Has a specific Methodology been prepared to eliminate or reduce the risks to appropriate levels been Prepared and will it be implemented?	<input type="checkbox"/>	<input type="checkbox"/>
• Have the Contractors personnel been provided with suitable training or instruction by the Contractor for working on the roof?	<input type="checkbox"/>	<input type="checkbox"/>
• Do the Contractors personnel who are going to access the roof have suitable PPE for working on the roof?	<input type="checkbox"/>	<input type="checkbox"/>
• Have the Contractors personnel been provided with suitable equipment or plant to eliminate or minimise the risk of working on the roof?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the Contractor taken all practicable precautions to prevent his personnel from falling from the roof?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the Contractor taken all practicable precautions to prevent objects falling from the roof?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the Contractor taken all practicable precautions or to eliminate or reduce the risk of working on the roof?	<input type="checkbox"/>	<input type="checkbox"/>
• Lone Worker roof access will only be permitted in exceptional cases - has a specific Lone Working procedure been prepared and will it be implemented by the Contractor?	<input type="checkbox"/>	<input type="checkbox"/>
• A key may be provided for roof access doors/gates for long term works, will the Contractor ensure doors/gates are closed and locked when entering the roof area, and when exiting the roof area at any time?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the Contractor taken all practicable precautions or to eliminate or reduce the risk of working on the roof?	<input type="checkbox"/>	<input type="checkbox"/>
• Has all the relevant information regarding roof access been supplied to the AIT Estates Office?	<input type="checkbox"/>	<input type="checkbox"/>

If the checklist above contains any No, please provide description below and do not, under any circumstances access Roof Areas without liaising with AIT Estates Office and obtaining approval:

DECLARATION & SIGNATURE

I confirm that adequate safe systems of work will be maintained and that all of the required precautions for Roof Access will be undertaken, and the information provided in this form is true and accurate.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	

AUTHORISATION on behalf of AIT

Name (in BLOCK CAPITALS):	
Signature:	
Date:	

PERMIT RETURN DATE & SIGNATURE

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