



Roof and Ceiling Space Work Permit

This permit is valid for **the work stated in Part A** and must be:

- Completed by the person performing the work prior to the commencement of work that requires access onto the roof or in a ceiling space.
- Completed for works on the roof where a solar photovoltaic (PV) system is fitted at the site.
- Signed off by the site manager or delegate prior to the work commencing.
- Provided to the site manager or delegate on completion of work for sign off.
- Filed in the Care Passionately Toolkit in relevant period that works occurred

Special Note: Permit is not required where current access methods such as, plant platforms, access ladders, handrails and designated walkways control the risk of falls from height.

Part A: Work details

Contractor		
Date of work:		
Location of work:		
Description of work:		
Estimated duration of access	From:	To:

Part B: Assessment and Controls (Person performing the work)

Tick each item below as confirmation that item has been actioned

	Tick each box
A Work Method Statement has been developed and is specific to and adequate for the work to be conducted (City FM – Take 5 Onsite Risk Assessment completed)	<input type="checkbox"/>
Persons who may be affected by the work activity have been notified (e.g. team members, customers or other contractors)	<input type="checkbox"/>
Hazards associated with the job have been identified and hazard controls implemented.	<input type="checkbox"/>
Safety equipment has been checked and confirmed serviceable prior to use.	<input type="checkbox"/>
Work area is protected to prevent entry of other persons (including protection of drop zones)	<input type="checkbox"/>
The supporting structure is sufficient to withhold the load of people, equipment and materials	<input type="checkbox"/>
Plant and equipment outside scope of work will not be interfered with (e.g. solar photovoltaic (PV) system including PV array and wiring)	<input type="checkbox"/>
Method and frequency of welfare check agreed with Site Manager?	
Welfare Check by (Name): _____	
Method: <input type="checkbox"/> Worksite Visual Observation <input type="checkbox"/> Worksite verbal check <input type="checkbox"/> Phone Call / Text	
Frequency: <input type="checkbox"/> 30 mins <input type="checkbox"/> 1 hour <input type="checkbox"/> Other: _____	

Part C: Acknowledgement (Person performing the work)

I certify that all necessary precautions as detailed in this permit have been taken to make the area safe for the permitted work.

Name:	Contact Number:	
Signature:	Date:	Time:

Site Manager or delegate - I acknowledge that the permit has been correctly completed prior to commencement of works.

Name:	Signature:
Date:	Time:

Part D: Completion (Person performing the work)

I certify that the job has been completed and area made safe and secure. Roof access locked and key returned to Site Manager. Tools, equipment, waste and other materials have been removed from the work area.

Name:	Signature:
Date:	Time:

Site Manager or delegate - I acknowledge that the work has been completed and the permit signed off by the person performing the work.

Name:	Signature:
Date:	Time: