

ROOF ACCESS PERMIT

CSUF Employees ONLY

Name: _____	Department: _____
Phone: _____	Attended 8-hour Competent Person Training? <input type="checkbox"/> Yes <input type="checkbox"/> No

Contractor ONLY

Contractor: _____	Phone Number: _____
Sub-Contractor: _____	Phone Number: _____
Campus Project Manager: _____	Phone Number: _____

General Information

Person(s) and Company Requesting Permit: _____

Area of Roof to be Accessed (be specific – attach a sketch of roof and area of intended access): _____

Task to be Performed: _____

Date(s) of Access: _____

Exposure Assessment/Analysis – Identification of Potential Hazards (check all that apply)

<input type="checkbox"/> Skylights	<input type="checkbox"/> Pitched/Steep Roof	<input type="checkbox"/> Different Levels of Roof Requiring Access
<input type="checkbox"/> Slippery When Wet	<input type="checkbox"/> Parapet Wall < 42 in. High	<input type="checkbox"/> Roof Openings (ladder openings, HVAC units, holes, etc.)
<input type="checkbox"/> Perimeter Leading Edge	<input type="checkbox"/> Asbestos	
<input type="checkbox"/> Others (describe each in detail): _____		

Safety Preparation (check all that apply)

Minimum of two persons performing work (required)

Radio communication to/from ground (required)

Lighting provided for night work

Weather conditions safe

Fall prevention / work plan (required – must be attached)

Roof holes covered or guarded with standard railing

Rules for use of mechanical equipment reviewed

Hot work permit

If only two persons on the roof and one needs to go down for any reason, both must go down (required)

Contractor Only

Prejob meeting sign-in sheet completed (required)

Prejob safety review conducted (required)

Prejob meeting conducted by: _____ (print name)

Other (describe each in detail): _____

Review/Access Authorization

IMPORTANT NOTE: PERMIT REVIEWER(S) CANNOT BE THE PERSON(S) ACCESSING THE ROOF

Names/Signatures

Approving Manager: _____	Date: _____
Manager/Supervisor(s) (of Employees who will access roof): _____	Date: _____
Permit Expires: _____	Date: _____ Time: _____

APPROVED PERMIT MUST BE POSTED AT JOB SITE