

ESTATES OFFICE

(F) ROOF ACCESS PERMIT (RAP)		RAP Ref No:
This RAP is requested in connection with Permit to Work (PTW) Ref:		
A Roof Access Permit is required for access to all roofs of buildings on campus.		
Contractor's Name:	RAP Request Date:	
Contact Name:	Contact Phone No:	
	Email Address:	
Location where roof access required:		
Description of roof works to be undertaken:		
Number of operatives requiring roof access:		
Roof works commencement time & date:		
Roof works completion time & date:		
REQUIRED PRECAUTIONS DETAILS		Delete as appropriate
1. General Precautions		
1.1 Safe systems of work are in place and will be implemented.	Yes / No	
1.2 Copy of this permit to be presented to security when roof access required.	Yes / No	
2. Are other permits required in connection with the proposed roof works?		
2.1 Hot Works Permit (HWP) required:	Yes / No	
2.2 Confined Space Permit (CSP) required:	Yes / No	
3.0 Specific Precautions Required		
3.1 Will mobile access equipment be required or used?	Yes / No	
3.2 Will independent scaffolding be required or used?	Yes / No	
3.3 Will fixed or mobile scaffold towers be required or used?	Yes / No	
3.4 Will ladders be used or required?	Yes / No	
3.5 Are works being undertaken outside of the perimeter roof barrier system?	Yes / No	
3.6 Will the existing roof fall arrest system be required for the safe undertaking of the works?	Yes / No	
3.7 Have all operatives operating equipment including fall arrest equipment, mobile access equipment, scaffolding, ladders etc. been trained in their use?	Yes / No	
3.8 Is there a danger of materials or objects falling or being blown off the roof?	Yes / No	
3.9 Is an exclusion zone required at ground level from the overheads works area?	Yes / No	
4. Other Precautions to be taken: Specify additional precautions to be taken, and limitations on work, work equipment, work materials, etc.	Yes / No / NA	
I confirm that adequate safe systems of work will be maintained and that all of the required precautions noted in the above checklist will be undertaken. I further confirm that nominated person will contact Security for access to roof, sign in at commencement of works and sign out on completion.		
PERMIT APPROVAL		
Contractor Signature:	Print Contact Name:	Date:
Approver Signature:	Print Approver Name:	Date:
Permit Cancelled by:		Date: