

Roof Access Permit

Project Name Details:

Project/Task Name:		Site Location:	
Contractor:		Contractor Representative:	
AMG Representative:		ATCW #	

Disruption Details

Proposed Date of Works	
Proposed Time:	

Working at Height

Why must the roof be accessed?	
What activity is being undertaken on the roof?	
What method of protection is being used to reduce the impact of a fall?	<input type="checkbox"/> Fall Restraint <input type="checkbox"/> Fall Arrest <input type="checkbox"/> Barriers <input type="checkbox"/> Nil <input type="checkbox"/> Other:
Safe Work Method Statement has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk assessment has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a risk of:	<input type="checkbox"/> Falling Greater than 2m <input type="checkbox"/> Falling from one surface to another <input type="checkbox"/> Inadvertently accessing an edge
What controls will be in place to reduce the risk?	
Who is responsible for validating controls are in place and effective?	
Is attaching to a static line or anchor point available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a rescue plan been developed for the activity? (Submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there a risk of falling objects and has this been controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Who will undertake the work?	Name:		
	Qualifications Required #:		
	Required qualifications are in date, current and suitable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contractor Submission			
Contractor Responsible for Works			
Email Address			
<i>I acknowledge I am the nominated person for the works and am responsible to ensure all required controls set out in the permit approval process are in place, effective and monitored throughout the works.</i>	<input type="checkbox"/>		
<i>I will ensure that all persons on my site will comply with all controls identified as part of the risk assessment and review/approval stage.</i>	<input type="checkbox"/>		
<i>I understand that there may be additional requirements as part of high-risk work permit approval, and will ensure all workers are aware, understand, and are signed on as part of my site induction process and prestart risk assessment.</i>	<input type="checkbox"/>		
<i>I will confirm and document that workers have been inducted, understand the safe work method statements/procedures, and have correct licenses/competencies for the task they undertake.</i>	<input type="checkbox"/>		
Completed By			
Name:		Signature:	
Position:		Date:	
AMG Approval			
Reviewed by: (Names)			
Approved by:		Date:	
Role:		Date/Time of Works:	
Comments:			