



## 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?	Fall Restraint Fall Arrest Barriers  Nil Other:				
Safe Work Method Statement has been completed (submit with application)	Yes No				
Risk assessment has been completed (submit with application)	Yes No				
Is there a risk of:	Falling Greater than 2m Falling from one surface to another 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?	Yes No				
Has a rescue plan been developed					

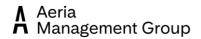
Policy Owner: Safety, Compliance and Risk Manager Executive Sponsor: Chief Financial Officer

for the activity? (Submit with

application)

Approved Date 15/04/2023

Yes





Is there a risk of fall has this been conti		Yes No N/A				
Who will undertake the work?	Name:					
	e the work?	Qualifications Required #:				
		Required qualification are in date, current and suitable		Yes No		
Contractor Subm	nission					
Contractor Respor	nsible for Works					
Email Address						
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 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 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 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.						
Completed By						
Name:			Signature:			
Position:			Date:			
AMG Approval						
Reviewed by: (Names)						
Approved by:			Date:			
Role:			Date/Time of Works:			
Comments:						

Review Date: 15/04/2025