Roof Access Permit HS-FR-10-07

EMAIL PERMIT FOR APPROVAL TO: chadstone.operations@vicinity.com.au

Centre/Location:	**CHADSTONE SHOPPING CENTRE**	Date:	
Company Name:			
Permit Receiver:		Contact Phone:	
Description of Work & Location:		Inspection Only	☐ Yes ☐ N/A
Zone:	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18		
Permit Issuer Name:		Vicinity Centres Position:	

Roof Access

Communication protocols included in **SWMS** or **other risk assessment documentation**	☐ Yes	☐ N/A
Appropriate keys obtained	☐ Yes	☐ N/A
Radio frequency radiation plan/manual reviewed & understood	☐ Yes	☐ N/A
Roof Safety Audit Report reviewed & understood	☐ Yes	☐ N/A
Have you reviewed the site-specific roof safety audit report and are therefore aware and accept that certain harness points on the roof of the Centre have failed and must not be used	☐ Yes	☐ N/A
Are you equipped with the required safety gear for accessing restricted areas on the roof of the Centre	☐ Yes	☐ N/A

Permit Approval

SWMS or Risk Assessment provided? Not applicable for roof inspections only. This must be noted in the "Description & Location of Works" section above. ☐ Yes ☐ N/A

This permit is valid from:	Start Date:		Time:	
	Expiry Date:		Time:	

I understand the permit requirements & the controls specified will be implemented & monitored.

Permit Receiver:		Signature:	
Permit Issuer:		Signature:	

Permit Close Out

I confirm that the worksite has been made safe & all persons & tools are accounted for:

Date:		Time:	
Permit Receiver:		Signature:	
Permit Issuer:		Signature:	