Roof Access Permit HS-FR-10-07

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| Centre/Location: | **CHADSTONE SHOPPING CENTRE** | Date: |       |  |
|  |  |  |  |  |
| Company Name: |       |  |
|  |  |  |
| Permit Receiver: |       | Contact Phone: |       |  |
|  |  |  |  |  |
| Description of Work & Location: |       |  |
|  |  |  |
| Zone: | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 [ ]  11 |  |
|  |  |  |
| Permit Issuer Name: |       | Vicinity Centres Position: |       |  |
|  |  |  |  |  |

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| 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 |

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| Additional Permits Required |
| Hot Work | [ ]  | Yes | Fire System Impairment | [ ]  | Yes |
| Excavations & Penetrations | [ ]  | Yes | Confined Space Entry | [ ]  | Yes |
| Critical Lift | [ ]  | Yes | Work at Height & BMU | [ ]  | Yes |

|  |  |
| --- | --- |
| Permit Approval |  |
| Copy of SWMS or risk assessment attached or saved to file? | [ ]  | Yes |  |
|  |  |  |  |
| **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: |       |  |
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| 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: |       |  |
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