Roof Access Permit HS-FR-10-07

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | |  |  |  |
| 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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | |  | |  |
|  | |  | | | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |  |  |
|  | |  | | |  |