

PERMIT MUST BE POSTED AT JOB SITE

START DATE & TIME: _____ END DATE & TIME: _____

BUILDING / LOCATION DESCRIPTION: _____

THIS PERMIT MUST BE COMPLETED BY ENTRY PERSONNEL AND RECEIVE EHS AUTHORIZATION PRIOR TO ENTRY. KEEP THIS PERMIT AT THE WORKSITE DURING OPERATIONS. RETURN COMPLETED PERMIT TO EHS (T-1475).
A SEPARATE PERMIT IS REQUIRED FOR EACH JOB LOCATION.

PERSON(S) TO BE ACCESSING ROOF:

DEPARTMENT: _____

SPECIFIC AREA OF ROOF FOR INTENDED ACCESS (ATTACH SKETCH OF ROOF/AREA): _____

DESCRIPTION OF ACTIVITIES TO BE CARRIED OUT: _____

CHECK ALL THAT APPLY	
POTENTIAL HAZARDS	SAFETY PREPARATION
<input type="checkbox"/> Skylights <input type="checkbox"/> Slippery When Wet <input type="checkbox"/> Perimeter Leading Edge <input type="checkbox"/> Pitched / Steep Roof <input type="checkbox"/> Parapet Wall < 42 in High <input type="checkbox"/> Asbestos <input type="checkbox"/> Roof Openings (Ladder Openings, HVAC Units, Holes, etc.) <input type="checkbox"/> Different Roof Levels Requiring Access <input type="checkbox"/> Other:	<input type="checkbox"/> Minimum of 2 Persons Performing Work (Required) *There may never be a person alone on the roof for any reason. <input type="checkbox"/> Radio Communication To / From Ground (Required) <input type="checkbox"/> Fall Protection / Work Plan (Required) <input type="checkbox"/> Roof Holes Covered / Guarded with Standard Railing <input type="checkbox"/> Rules for Use of Mechanical Equipment Reviewed <input type="checkbox"/> Lighting Provided for Night Work <input type="checkbox"/> Weather Conditions Safe <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Other:

REVIEW / ACCESS AUTHORIZATION

IMPORTANT NOTE: PERMIT REVIEWER(S) **CANNNOT** BE PERSONS ACCESSING ROOF.

EHS REPRESENTATIVE NAME: _____

MANAGER / SUPERVISOR NAME (of persons who will access roof): _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

PHONE: _____

DATE: _____

EMERGENCY NUMBERS

Emergencies / Rescue: 911	Fullerton Fire Dept.: (714) 738-6122	Service Center: (657) 278-3494
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