

### ROOF ACCESS PERMIT

#### CSUF Employees ONLY

Name:	Department:
Phone:	Attended 8-hour Competent Person Training? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### Contractor ONLY

Contractor:	Phone Number:
Sub-Contractor:	Phone Number:
Campus Project Manager:	Phone Number:

#### General Information

Person(s) and Company Requesting Permit:
Area of Roof to be Accessed (be specific – attach a sketch of roof and area of intended access):
Task to be Performed:
Date(s) of Access:

#### Exposure Assessment/Analysis – Identification of Potential Hazards (check all that apply)

<input type="checkbox"/> Skylights	<input type="checkbox"/> Pitched/Steep Roof	<input type="checkbox"/> Different Levels of Roof Requiring Access
<input type="checkbox"/> Slippery When Wet	<input type="checkbox"/> Parapet Wall < 42 in. High	<input type="checkbox"/> Roof Openings (ladder openings, HVAC units, holes, etc.)
<input type="checkbox"/> Perimeter Leading Edge	<input type="checkbox"/> Asbestos	
<input type="checkbox"/> Others (describe each in detail):		

#### Safety Preparation (check all that apply)

<input type="checkbox"/> Minimum of two persons performing work (required)
<input type="checkbox"/> Radio communication to/from ground (required)
<input type="checkbox"/> Lighting provided for night work
<input type="checkbox"/> Weather conditions safe
<input type="checkbox"/> Fall prevention / work plan (required – must be attached)
<input type="checkbox"/> Roof holes covered or guarded with standard railing
<input type="checkbox"/> Rules for use of mechanical equipment reviewed
<input type="checkbox"/> Hot work permit
<input type="checkbox"/> If only two persons on the roof and one needs to go down for any reason, both must go down (required)

#### Contractor Only

<input type="checkbox"/> Prejob meeting sign-in sheet completed (required)
<input type="checkbox"/> Prejob safety review conducted (required)
<input type="checkbox"/> Prejob meeting conducted by: _____ (print name)
<input type="checkbox"/> Other (describe each in detail):

#### Review/Access Authorization

#### IMPORTANT NOTE: PERMIT REVIEWER(S) CANNOT BE THE PERSON(S) ACCESSING THE ROOF

#### Names/Signatures

Approving Manager:	Date:
_____	_____
Manager/Supervisor(s) (of Employees who will access roof):	Date:
_____	_____
Permit Expires:	Date: _____ Time: _____

**APPROVED PERMIT MUST BE POSTED AT JOB SITE**