



## ROOF ACCESS REQUEST FORM

REF: **0001**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0002**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

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Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

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<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0003**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

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Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0004**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0005**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

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Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--



## ROOF ACCESS REQUEST FORM

REF: **0006**

Organisation:	Permit Acceptor:	Mobile:
Building:	Roof Access Point:	2nd Escape Route:

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

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Permit Acceptor:	Signature:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0007**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

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Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

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### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0008**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0009**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0010**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0011**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: 0012

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0013**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0014**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0015**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0016**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0017**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0018**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0019**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0020**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0021**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0022**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0023**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0024**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0025**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0026**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
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Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

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Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0027**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0028**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0029**

Organisation:	Permit Acceptor:	Mobile:
Building:	Roof Access Point:	2nd Escape Route:

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time:	<input style="width: 80%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time:	<input style="width: 80%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0030**

Organisation:	Permit Acceptor:	Mobile:
Building:	Roof Access Point:	2nd Escape Route:

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0031**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: 0032

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0033**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--



## ROOF ACCESS REQUEST FORM

REF: **0034**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0035**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 50%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 50%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 50%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 50%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 50%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0036**

Organisation:	Permit Acceptor:	Mobile:
Building:	Roof Access Point:	2nd Escape Route:

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0037**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To: Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 40%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0038**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0039**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
---	---	--	--

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--



## ROOF ACCESS REQUEST FORM

REF: **0040**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0041**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO	

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0042**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0043**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>



## ROOF ACCESS REQUEST FORM

REF: **0044**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0045**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0046**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0047**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0048**

Organisation:	Permit Acceptor:	Mobile:
Building:	Roof Access Point:	2nd Escape Route:

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0049**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0050**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>



## ROOF ACCESS REQUEST FORM

REF: **0051**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0052**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
---	---	--	--

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
--	--	--

#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0053**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0054**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES <input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES <input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES <input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES <input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES <input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES <input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES <input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES <input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES <input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0055**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0056**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0057**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 60%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0058**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0059**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0060**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0061**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0062**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0063**

Organisation:	Permit Acceptor:	Mobile:
Building:	Roof Access Point:	2nd Escape Route:

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: 0064

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0065**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0066**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0067**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0068**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0069**

Organisation:	<input type="text"/>	Permit Acceptor:	<input type="text"/>	Mobile:	<input type="text"/>
Building:	<input type="text"/>	Roof Access Point:	<input type="text"/>	2nd Escape Route:	<input type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name:	<input type="text"/>	Position:	<input type="text"/>	Contact:	<input type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Valid From:	Time: <input type="text"/>	Date: <input type="text"/>
Company:	<input type="text"/>	Permit Issuer:	<input type="text"/>	Valid To:	Time: <input type="text"/>	Date: <input type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	<input type="text"/>	Signature:	<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input type="text"/>	Time:	<input type="text"/>	Date:	<input type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0070**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: 0071

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0072**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0073**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0074**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0075**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0076**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: 0077

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0078**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 95%;" type="text"/>	Time: <input style="width: 85%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 95%;" type="text"/>	Time: <input style="width: 85%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0079**

Organisation:	Permit Acceptor:	Mobile:
Building:	Roof Access Point:	2nd Escape Route:

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time:	<input style="width: 80%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time:	<input style="width: 80%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0080**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0081**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0082**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0083**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0084**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0085**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 95%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 95%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0086**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
--	--	--



## ROOF ACCESS REQUEST FORM

REF: **0087**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0088**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0089**

Organisation:	Permit Acceptor:	Mobile:
Building:	Roof Access Point:	2nd Escape Route:

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name:	Position:	Contact:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0090**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0091**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0092**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
--	--	---

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0093**

Organisation:	Permit Acceptor:	Mobile:
Building:	Roof Access Point:	2nd Escape Route:

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name:	Position:	Contact:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor:	Signature:	Valid From:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company:	Permit Issuer:	Valid To:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor:	Signature:	Time:	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 100%;" type="text"/>	Time:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0094**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 50%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 50%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 50%;" type="text"/>
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SECURITY		
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.		
<input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 50%;" type="text"/>

ESTATES & CAPITAL DEVELOPMENT		
I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.		
<input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 50%;" type="text"/>



## ROOF ACCESS REQUEST FORM

REF: **0095**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0096**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

<input type="radio"/> Inspection/Survey	<input type="radio"/> Refurbishment	<input type="radio"/> Ancillary Works	<input type="radio"/> Maintenance
<input type="radio"/> Cleaning	<input type="radio"/> Stripping & Dismantling	<input type="radio"/> Short-Duration Work	

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0097**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0098**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 50%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0099**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 100px;" type="text"/>	

### EMERGENCY CONTACTS (Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**SECURITY**

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 95%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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**ESTATES & CAPITAL DEVELOPMENT**

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 95%;" type="text"/>	Time: <input style="width: 80%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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## ROOF ACCESS REQUEST FORM

REF: **0100**

Organisation: <input style="width: 90%;" type="text"/>	Permit Acceptor: <input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>
Building: <input style="width: 90%;" type="text"/>	Roof Access Point: <input style="width: 90%;" type="text"/>	2nd Escape Route: <input style="width: 90%;" type="text"/>

**WORK TYPE:**

Inspection/Survey    
  Refurbishment    
  Ancillary Works    
  Maintenance  
 Cleaning    
  Stripping & Dismantling    
  Short-Duration Work

**NB:** For any work type other than 'Inspection/Survey', a 'Working at Height' Permit to work **MAY** be required.

Has a suitable and sufficient risk assessment been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO
Has a method statement been undertaken for this task?	<input type="radio"/> YES	<input type="radio"/> NO

NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.

### HAZARDS AND PRECAUTIONS

Are all persons requiring roof access trained and competent?	<input type="radio"/> YES	<input type="radio"/> NO
Are the weather conditions acceptable?	<input type="radio"/> YES	<input type="radio"/> NO
Are all persons wearing appropriate clothing and footwear?	<input type="radio"/> YES	<input type="radio"/> NO
Is additional edge protection required?	<input type="radio"/> YES	<input type="radio"/> NO
Is personal fall arrest equipment required?	<input type="radio"/> YES	<input type="radio"/> NO
Is there a risk of falling material?	<input type="radio"/> YES	<input type="radio"/> NO
Is Personal Protective Equipment (PPE) required?	<input type="radio"/> YES	<input type="radio"/> NO
Are there any ducts, flues or outlets on the roof?	<input type="radio"/> YES	<input type="radio"/> NO
If yes, is there a risk from hazardous fumes?	<input type="radio"/> YES	<input type="radio"/> NO
How many persons require access to the roof for the duration of this task?	<input style="width: 80%;" type="text"/>	

### EMERGENCY CONTACTS

(Person not connected with the work)

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
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### AUTHORISATION AND ACCEPTANCE

I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and the conditions of this authorisation form have been explained to all workers involved. I accept responsibility for this work.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Valid From:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Company: <input style="width: 90%;" type="text"/>	Permit Issuer: <input style="width: 90%;" type="text"/>	Valid To:	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

### HANDBACK, RECEIPT AND CANCELLATION

I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.

Permit Acceptor: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### SECURITY

I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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#### ESTATES & CAPITAL DEVELOPMENT

I am satisfied that the activity has been completed in accordance with this permit and the area left secure and in a safe and tidy condition.

<input style="width: 90%;" type="text"/>	Time: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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