

ROOF-TOP PERMIT

Instructions: This form must be completed by the Georgia Tech Permit Issuer prior to performing work on any Georgia Tech roof-tops. This permit must be posted at the point of roof access.

Name of person(s) performing road work:		
Supervisor(s) Name:		
Name of Building:	Precise Roof Location (e.g. North/South):	
Describe task to be performed:		
Contractor/ Department performing the work:		
Permit Valid:	Starting Date: ____/____/____ Time ____:____ am/pm	Completion Date: ____/____/____ Time ____:____ am/pm
Roof surface type (circle):	<div style="display: flex; justify-content: space-around;"> Flat Surface Sloped Corrugated </div> Other: _____	

GENERAL SAFETY CHECK

Has Facilities Maintenance and/or EHS been informed of the work?	YES:	Signature:
Roof plans and drawings have been pre-checked for Fragile areas (e.g. skylights / repaired sections etc)?	YES:	REMARKS:
Roof surface has no slipping/tripping hazards such as Ice / snow / debris / atmospheric coatings.	YES:	REMARKS:
All equipment to be used is safe / free from defects? Yes/No		
Have the risks from the following potential hazards been assessed? (please circle) Heat - Y/N Light - Y/N Power - Y/N Emissions - Y/N Steam - Y/N HVAC - Y/N Other: _____		

List other equipment in close proximity:
 List any associated hazards:
 Specify the safety controls:

PERSONAL PROTECTIVE EQUIPMENT

- ☐ Safety shoes or safety boots must be worn.
- ☐ An approved respirator must be worn to protect against hazardous stack emissions e.g. Dust, Chemicals and Vapors.
- ☐ Fall Protection is Required Barriers____ Lanyard____ Harness____ Anchor____ Other____
- ☐ Emergency routes and procedures defined
- ☐ Lighting levels are adequate.

MEANS OF ACCESS

Describe the method of access to roof being used:
 Describe the safe system for transferring tools and equipment to the roof:

Wind conditions do not pose a risk of falling?	Remarks:	
Requirements of other relevant permits have been complied with? (e.g. Hot Work)	YES:	REMARKS:

THE PERMIT RECIPIENT: I accept and agree with the safety precautions as stated above.
(Person responsible for undertaking the work)

Print Name: _____ **Signature:** _____ **Date:** _____

GEORGIA TECH PERMIT ISSUER

All permit conditions have been approved and I authorize access to the roof area.

Print Name: _____ **Signature:** _____ **Date:** _____

COMPLETION: The roof area has been left safe and the permit is now cancelled.

Signature: _____ (Appointed Responsible Person) **Date:** _____ **Time:** _____