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: _____/____/____ | Completion Date: _____/____/____ |
| Time __:___ am/pm | Time __:___ am/pm |  |
| Roof surface type (circle): | Flat Surface | Sloped | Corrugated |
| 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)  
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? YES: REMARKS:  
(e.g. Hot Work)  

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:_______