



# Roof and Ceiling Space Work Permit

This permit is valid for **24 hours** and must be:

- Completed by the person performing the work prior to the commencement of **ALL** work that requires access to the roof or ceiling space (unless the current access controls the risk of falls from heights)
- Checked by the site manager or delegate prior to the work commencing
- Provided to the site manager or delegate on completion of work for sign off

## Part A: Work details

Contractor:	_____
Date of work:	_____
Location of work:	_____
Description of work:	_____

## Part B: Assessment and Controls

Assessment	Yes	N/A
<b>Safety requirements</b> (including equipment eg harnesses, scaffolding) <b>have been assessed and controls included in Work Method Statement(s)</b>		
There is adequate access to the work space and the area is sufficient for the work to be conducted safely (including people, equipment and materials)		
The supporting structure is sufficient to withhold the load of people, equipment and materials		
Any safety equipment to be used has been maintained and checked prior to use		
Personnel conducting the work are trained and competent		
Controls	Yes	N/A
<b>A Work Method Statement has been developed and is specific to and adequate for the work to be conducted</b>		
Controls in the Work Method Statement are implemented, including (but not limited to):		
• Safety harnesses or fall arrests are secured to proper anchorages		
• Scaffolding or platforms above 4 metres have been erected and examined by a suitably qualified person		
• Requirements for working in ceiling spaces or fragile roofs are addressed eg elevated platforms, industrial safety nets		
• Persons working or passing below are adequately protected		
• Warning signs and barriers erected at ground level		

## Part C: Acknowledgement (person performing the work)

I certify that all necessary precautions as detailed in this permit have been taken to make the area safe for the permitted work.

Name:	Contact Number:	
Signature:	Date:	Time:

## Part D: Completion

### Person performing the work

I certify that the job has been completed and area made safe.

Name:	Signature:
Date:	Time:

### Site Manager or delegate

I acknowledge that the work has been completed and the permit returned

Name:	Signature:
Date:	Time: