SSD-028

ROOF ACCESS PERMIT

Authorize roof access only after access, fall protection, openings, weather, electrical hazards, communications, and rescue arrangements are verified.

2 Project Information		**3 Permit Number**	
5 Jobsite Location		**4 Date**	
1 Company Information		**10 Roof Access Date and Time**	Date: _____ Time: _____
6 Building/Structure Identification		**11 Permit Expiration Date and Time**	
7 Description of Work		**8–9 Requested By / Authorized By**	

1–13 Permit, Structure, Work, Access, and Authorization Information Define the roof, work scope, access method, schedule, and responsible persons.

12 Roof Type and Height	13 Access Method (Ladder, Stair, Aerial Lift, Scaffold, Other)
Roof type: ☐ Flat ☐ Low-slope ☐ Steep-slope ☐ Metal Roof height / elevation: _____ Surface / condition: _____ Fragile roof areas identified: ☐ Yes ☐ No ☐ N/A	☐ Ladder ☐ Stair ☐ Aerial Lift ☐ Scaffold ☐ Roof hatch ☐ Fixed ladder ☐ Other: _____ Access equipment inspected: ☐ Yes ☐ No Access secured / controlled: ☐ Yes ☐ No Authorized access route: _____

Permit Validity This permit applies only to the identified roof or structure, described work, authorized persons, access method, and stated period.

CONTROL AREA	FALL PROTECTION	ANCHORS	GUARDING / WARNING LINE	OPENINGS / SKYLIGHTS	WEATHER / ELECTRICAL
VERIFIED	☐ Yes ☐ N/A	☐ Yes ☐ N/A	☐ Yes ☐ N/A	☐ Yes ☐ N/A	☐ Yes ☐ N/A

A competent person must assess roof conditions and select fall-protection controls appropriate to the work area, roof type, height, edges, openings, and access route.

STOP WORK when weather deteriorates, access becomes unsafe, fall protection is unavailable, electrical clearances cannot be maintained, or conditions differ from the permit.

14–21 Pre-Work Safety Checklist and Hazard-Control Verification Document each required check before access is authorized.

PRE-WORK SAFETY CHECK	REQUIREMENT / ACCEPTANCE CRITERIA	YES	NO	N/A	CORRECTIVE ACTION / NOTES	VERIFIED BY / TIME
1	Access route and equipment inspected, secured, and suitable for authorized users			L:__ S:__ R:__	L:__ S:__ R:__	
2	Fall Protection Plan reviewed; system selected for roof height, slope, edges, and work area			L:__ S:__ R:__	L:__ S:__ R:__	
3	Anchor Point Verification complete; anchors identified, rated, compatible, and inspected			L:__ S:__ R:__	L:__ S:__ R:__	
4	Warning Line or Guardrail Verification complete; setbacks, access paths, and controlled areas established			L:__ S:__ R:__	L:__ S:__ R:__	
5	Weather Conditions Assessment acceptable; wind, precipitation, lightning, heat/cold, and visibility reviewed			L:__ S:__ R:__	L:__ S:__ R:__	

PRE-WORK SAFETY CHECK	REQUIREMENT / ACCEPTANCE CRITERIA	YES	NO	N/A	CORRECTIVE ACTION / NOTES	VERIFIED BY / TIME
6	Overhead and Electrical Hazards identified; required clearances and controls maintained			L:__ S:__ R:__	L:__ S:__ R:__	
7	Roof Opening and Skylight Protection, PPE, communication, and rescue arrangements verified			L:__ S:__ R:__	L:__ S:__ R:__	

Mark each item Yes, No, or N/A. A No response requires corrective action before affected personnel access or remain on the roof.

Control Priority: Eliminate roof exposure when feasible → use guarded access and passive protection → control openings and electrical hazards → apply travel restraint/fall arrest, PPE, communications, and rescue planning.

14–23 Fall Protection, Anchors, Guarding, Weather, Electrical, Openings, PPE, Rescue, and Communications

14–17 Fall Protection / Anchor / Warning Line / Guardrail Verification	21 Required Personal Protective Equipment (PPE)
14 Fall Protection Plan: ☐ Reviewed ☐ Attached System: ☐ Guardrail ☐ Restraint ☐ Fall arrest ☐ Safety monitor / warning line (where permitted) 15 Anchor Point Verification: ID/rating: _____ Inspection / compatibility verified: ☐ Yes 16 Warning Line or Guardrail Verification: ☐ Yes Setback / access path: _____ Rescue compatibility reviewed: ☐ Yes	☐ Hard hat ☐ Safety glasses / goggles ☐ High-visibility apparel ☐ Gloves - type: _____ ☐ Slip-resistant protective footwear ☐ Full-body harness ☐ Lanyard / self-retracting lifeline ☐ Hearing / respiratory protection ☐ Weather-specific PPE Other: _____

14–23 Required Roof-Access Controls and Emergency Planning

17 Weather Conditions Assessment	Wind: ____ ☐ Lightning ☐ Rain/ice ☐ Heat/cold reviewed	**18 Overhead and Electrical Hazards**	☐ None ☐ Lines/equipment controlled ☐ Clearance verified
19 Roof Opening and Skylight Protection	☐ Covers ☐ Guardrails ☐ Screens ☐ Barricades	**23 Communication Method**	☐ Radio ☐ Phone ☐ Voice ☐ Visual ☐ Other
22 Rescue Plan and Emergency Procedures	Rescue method / team: _____	**Emergency Contact / Equipment Location**	Method / location: _____
Access Control / Occupied Areas Below	☐ Barricaded ☐ Signs ☐ Spotter ☐ Debris control	**Pre-Work Briefing**	☐ Complete Date/time: _____

Roof-Access References and Supporting Documents

☐ Fall Protection Plan	☐ Rescue plan / equipment list	☐ Anchor certification / inspection	☐ Access equipment inspection
☐ Roof plan / hazard map	☐ Weather monitoring plan	☐ Pre-work meeting roster	☐ Other: _____

Permit Change / Stop-Work Trigger

STOP WORK and revise the permit when the work scope, roof condition, access route, fall-protection system, anchor points, warning lines, guardrails,

openings, weather, electrical hazards, personnel, communications, rescue capability, or other permit conditions change; or after a near miss or equipment concern.

Do not resume until conditions are reassessed, deficiencies are corrected, affected personnel are briefed, and the permit is reauthorized.

Permit Revision / Reauthorization Number		**Permit Expiration / Revision Date and Time**	
Changed Condition / Additional Controls		**Reauthorized By**	

24 Supervisor Authorization Signature confirms access, fall protection, hazards, emergency planning, and controls were reviewed.

AUTHORIZATION / ACKNOWLEDGEMENT	PRINTED NAME	SIGNATURE	DATE / TIME
Requested By			
Authorized By			
24 Supervisor Authorization			
Competent Person / Safety Review			

25–27 Work Completion, Permit Closeout, and Record Retention: Account for personnel, secure access, remove temporary controls safely, and document final disposition.

By signing, I confirm that I understand the roof-access route, fall hazards and controls, anchor/guarding requirements, weather and electrical limits, PPE, communication, rescue procedures, and stop-work responsibilities.

25 WORK COMPLETION VERIFICATION	RESPONSIBLE PERSON	DATE / TIME	VERIFIED / INITIALS
All authorized personnel off roof and accounted for			
Tools, materials, debris, and temporary equipment removed or secured			
Openings, skylights, hatches, and access points secured			
Temporary anchors, warning lines, guardrails, and barricades addressed			
Fall-protection equipment inspected after use and removed from service if damaged			
Roof / structure left in safe condition; damage or leaks documented			
Access equipment removed or secured against unauthorized use			
Occupied areas below cleared and released			
Outstanding corrective actions communicated and assigned			
Comments / incident / exception reference			

24 Supervisor Authorization | 25 Work Completion Verification | 26 Permit Closeout | 27 Record Retention

26 Permit Closeout	☐ Work complete ☐ Suspended ☐ Cancelled ☐ Reauthorization required	**Closeout Date / Time**	
25 Work Completion Verification	☐ Personnel accounted for ☐ Access secured ☐ Area released	**Final Approval / Comments**	

27 Record Retention Location / Period		**Permit Closed / Retained By**	

IMPORTANT: This permit supports roof-access control but does not replace applicable laws, fall-protection plans, rescue plans, manufacturer instructions, competent-person duties, owner requirements, or professional judgment. The employer remains responsible for safe access, effective fall protection, training, inspection, emergency capability, authorization, closeout, and record retention.