



## Rooftop Access Application

Name:	
Department / Organization:	
Building:	
Roof area (e.g. SW corner):	
Requirement (justification) for roof access:	
Description of roof top activities:	
Have you reviewed the UBCO Rooftop Access Work Procedure?	
Do departmental procedures for roof top activities exist? If yes, please attach a copy.	
Will any work will be performed or will any person be situated within the Control Zone (i.e. within 2 metres / 6.5 feet of a roof edge)? If yes, attach site-specific fall protection plan.	
Date access required:	
Access required until (date):	
I understand that building roof tops are inherently dangerous. I agree to limit my activities to that as described above and I will follow all the applicable procedures and safety requirements.	
Signature:	
Date:	
Supervisor's Signature:	
Date:	
Facilities Management Use Only	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
Comments:	
Authorizing Signature:	
Date:	

The Department of Health, Safety & Environment may audit completed Rooftop Access application forms at regularly scheduled intervals or at random to assess the effectiveness of the program and ensure compliance with University requirements.