

#### PERMIT TO ACCESS ROOF AREAS

Service requesting access: …………………………………….....................................................

Name of Person/s requiring access: …………………………………………................................

Employee ⬜ Student ⬜ Contractor ⬜ Visitor ⬜

##### Location of proposed work

Site: …………………….....…....…… Location: ......……..……………………...............

Purpose of Access: ……………………………………………....……………................................

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###### Sumemrhall Management Completion Details

Permit Valid (date): ……….….....…… *from*: ……..……… am/pm *to*: …...………… am/pm

Supervising Person: ........………………………………………………………………................

Job Title: …………………..............………………………………………………….......................

1. SH Management notified (permit not valid unless signed) ⬜ Yes ⬜ No
2. Risk assessment has been carried out & is attached ⬜ Yes ⬜ No
3. Method statement has been produced & is attached ⬜ Yes ⬜ No
4. Additional emergency evacuation procedures are in

 place if required ⬜ Yes ⬜ No

I understand and will ensure compliance with Risk Assessment and Method Statement

Signature: ……………..…………………….....................………...… Date: ………………….

**AUTHORISATION BY SUMMERHALL MANAGEMENT**

*I believe the operation can be completed safely. The above request has been authorised as part of the tenants contract with Summerhall Management to site equipment on Techcube roof.*

## Signature……....................................…………………………....………

## Date ………….....………….........................................................................................................

### To be signed on completion of work

## Signature……....................................…………………………....………

## Date ………….....………….........................................................................................................