|  |  |
| --- | --- |
| **Date:** Click to enter date. 7-13-22 | |
| **Time of Entry**: Click time. | **Person notified people will be on the roof:**  Click here to enter text. |
| **Time of Exit:** Click time. | **Person notified people are off the roof:**  Click or tap here to enter text. |
| **Reason for Roof Access:** Click or tap here to enter text. | |
| **Name of Persons to be on roof:**  Click or tap here to enter names. | |

**If anyone will be within 6 feet of the roof edge, the below fall protection section must be completed.**

|  |  |  |
| --- | --- | --- |
| **FALL PROTECTION SECTION:** | YES | NO |
| An STA (Safety Task Analysis) was completed to determine exposures and appropriate fall protection equipment needed? |  |  |
| Job briefing was conducted with all people that will be on roof? |  |  |
| Were all employees / contractors in agreement with job hazard assessment and controls? |  |  |
| Has everyone been trained in fall protection? |  |  |
| Are the anchor and equipment used sufficient for fall protection? |  |  |
| Required minimum of two people working when fall protection is used? |  |  |
| Is a fall rescue plan in place? |  |  |

**If “no” box is checked or you are unsure of any answer above, an EIC Fall Protection SOP competent person must review the roof access permit.**

I personally completed or verified all items above and verified all involved are aware of the equipment and requirements of the fall prevention plan developed for this task / job.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be placed in the EIC lobby sign in book (fall protection tab.) After work is complete, this form is to be removed from sign in book and forwarded to safety for data retention.

# Revision History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Revision | Date | Summary of change | Author | Approver |
| A | 8/11/2020 | Initial issue |  |  |
|  |  |  |  |  |