**For use on structures where construction has been completed and access to roof area is required (this permit is not required for active construction sites which will use the Unprotected Edge Access Permit).**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Workplace: | | | | | | Location: | | | | | | | | | | | | | | | | |
| Service Provider (SP) company name: | | | | | |  | | | | | | | | | | | | | | | | |
| Name of (SP) Supervisor/ Manager: | | | | | |  | | | | | | | | | Contact No: | | | | | | | |
| Reason for Access: | | | | | | | | | | | | | | | | | | | | | | |
| Length of time access requested: | | | Start: | | | |  | | | Time: | | |  | | Finish: | |  | | | Time | |  |
| Service Provider has viewed the Roof Management Plan (Retail Only)  Yes | | | | | | | | | | | | | | | Yes | | |  | | | No |  |
| 1. **Fall Risks** | | | | | | | | |  | | | 1. **Controls** | | | | | | | | | |  |
| 1 | Skylights | | | | | | | |  | | | 1 | | Barricades | | | | | | | |  |
| 2 | Proximity to the edge | | | | | | | |  | | | 2 | | Guards or Covers | | | | | | | |  |
| 3 | Roof Openings | | | | | | | |  | | | 3 | | Guardrails | | | | | | | |  |
| 4 | Roof surface condition | | | | | | | |  | | | 4 | | Fall Restraint Equipment | | | | | | | |  |
| 5 | Roof structure | | | | | | | |  | | | 5 | | Fall Arrest Equipment | | | | | | | |  |
| 6 | Material Transfer Method | | | | | | | |  | | | 6 | | JSA completed prior to permit | | | | | | | |  |
| 7 | Other | | | | | | | |  | | | 7 | | Designated Work Area | | | | | | | |  |
| **Have all requiring access current:** | | | | | | | | | | | | | | | | | **Yes** | | **No** | | | **N/A** |
| Working at Height training | | | | | | | | | | | | | | | | |  | |  | | |  |
| Fall protection equipment – harness training | | | | | | | | | | | | | | | | |  | |  | | |  |
| **Does the JSEA (or equivalent) cover the following?** | | | | | | | | | | | | | | | | | **Yes** | | **No** | | | **N/A** |
| Fall protection when within 2m (VIC, WA, NSW and ACT) 3m (QLD) of an unprotected edge / penetration | | | | | | | | | | | | | | | | |  | |  | | |  |
| Fall protection equipment (e.g. anchor points, gear inspected) | | | | | | | | | | | | | | | | |  | |  | | |  |
| Falling objects (e.g. dropped objects or wind-blown debris) | | | | | | | | | | | | | | | | |  | |  | | |  |
| Establishing a designated work area | | | | | | | | | | | | | | | | |  | |  | | |  |
| Work near fragile structures? (e.g. corrugated AC sheeting, wired glass, skylights) | | | | | | | | | | | | | | | | |  | |  | | |  |
| Work near overhead powerlines/ power-line connection points | | | | | | | | | | | | | | | | |  | |  | | |  |
| Work near fume extraction outlets | | | | | | | | | | | | | | | | |  | |  | | |  |
| Work near other energy sources (e.g. steam, hydraulics) | | | | | | | | | | | | | | | | |  | |  | | |  |
| Work near telecommunication towers/equipment: | | | | | | | | | | | | | | | | |  | |  | | |  |
| If yes, have the relevant control measures in the site specific EME been included in the JSEA. | | | | | | | | | | | | | | | | |  | |  | | |  |
| Work near operating plant / equipment (e.g. air-conditioning units) | | | | | | | | | | | | | | | | |  | |  | | |  |
| Work near / working relating to cranes | | | | | | | | | | | | | | | | |  | |  | | |  |
| Use of ladders | | | | | | | | | | | | | | | | |  | |  | | |  |
| Operation of EWPs/ scaffolds/swinging stage/building maintenance units | | | | | | | | | | | | | | | | |  | |  | | |  |
| Interaction with traffic (e.g. stop/go, lane closure, overspray) | | | | | | | | | | | | | | | | |  | |  | | |  |
| Emergency rescue - retrieval / rescue plan required if fall protection equipment used | | | | | | | | | | | | | | | | |  | |  | | |  |
| Access after dark with special precautions in advance | | | | | | | | | | | | | | | | |  | |  | | |  |
| The JSEA is to be signed by all personnel involved in the roof access | | | | | | | | | | | | | | | | | | | | | | |
| Inspected by: | |  | | | | | | | | | | Signature: | | |  | | | | Date: | | |  |
| Access (check) | | Approved: | |  | | Not Approved: | | | | |  | Reason: | | | | | | | | | | |
| Valid for the period: | | Start Date: | | |  | | | Time: | | | |  | | | Finish Date: |  | | | Time: | | |  |
| Workplace Manager: | |  | | | | | | | | | | Signature: | | |  | | | | Date: | | |  |