



ROOF ACCESS PERMIT

For Use with MFM Work Order	<i>(If no MFM Work Order is issued, you must complete MFM Site Work Request form before proceeding)</i>		
Date Permit Requested			
Company Requesting Permit	ABN: 27 092 611 615		
Building Site			
Expected Date & Duration of Access	Date of Access:	Time of Access:	
	Date of Est. Completion:	Time of Est. Completion:	
Area/s to be Accessed			
<input type="checkbox"/> BMU <input type="checkbox"/> Antenna <input type="checkbox"/> Canopy <input type="checkbox"/> Roof			
Access Names (Employees Requiring Access)			
1.		4.	
2.		5.	
3.		6.	
Reason for Access / Special Instructions:			
Method of Access (specify)			
Can a safety harness be used?	YES / NO	If yes, specify attachment point:	
Are skylights, roof openings, and edges guarded against falls?	YES / NO	If no, work within two meters of edges must be prevented. Specify precautions:	
Are work areas below the roof protected?	YES / NO	If no, specify precautions to be observed	

Supervisor Name: Sign: Date:.....

Weather Check

To be completed by supervisor requesting access each day access is required. If weather conditions are not suitable, access to roof areas will not be permitted

Weather conditions have been noted and are confirmed suitable for required works:

Sign:	Date:	Sign:	Date:
Sign:	Date:	Sign:	Date:
Sign:	Date:	Sign:	Date:

Once form is complete, provide to MFM site staff direct OR if unavailable the MFM Helpdesk.

MFM INTERNAL USE ONLY			
Date/Time Request Received	Received By		
All names listed under 'Access Names' have been inducted to site		YES	NO
Safety Equipment and Riggers license sited for Antenna access		N/A	YES
ACCESS			
Access to be Provided By:	Time Performed At:.....		
Signature:.....	Keys Issued:		
COMPLETION			
Keys Returned: YES / NO	Time Returned:.....		
MFM Signature:.....			
Comments:			