

Safety, Security & Emergency Management Contractor Safety Procedures	ROOF ACCESS REQUEST
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ALLOW FIVE BUSINESS DAYS FOR REVIEW BY SSEM (THREE IF NO FALL PROTECTION REQUIRED)

Project Information

Project Name:	Start Date:	End Date:
BCIT Liaison:	Office: Cell:	
Company Name:	Office:	
Site Supervisor:	Cell:	

NOTES:

- This form shall be initiated by the *SUBCONTRACTOR* or *CONTRACTOR* requesting roof access
- This form shall be sent to the *BCIT Liaison* for review prior to being sent to *SSEM*
- All possible impacts to the *BCIT* community need to be addressed and controls documented prior to access being permitted

PLEASE CONTACT THE BCIT LIAISON FOR ADDITIONAL INFORMATION

Scope of Work (*Write or attach a scope of work document*)

Roof to be Accessed (state specific building):

Annual Roof Access Request? YES NO
Note: Annual roof access is only given for work with a repeated scope of work that will occur throughout the year (ex: filter changes, minor maintenance, etc.). Contractors with annual roof access who begin to perform project work, need to submit documentation specific to that project. If answering "yes" to any of the below items for annual work, all procedures and fall plans provided must apply to all work performed under the annual scope (i.e. the same fall plan must be used each time a roof is accessed).

Will the project include any activities performed within 2 meters from the edge of the roof? YES NO

IF YES, INDICATE ALL THAT APPLY:	<input type="checkbox"/> Fall Hazard ≥ 25' – Submit a written Fall Protection Plan for each applicable roof.
	<input type="checkbox"/> Fall Hazard ≥ 10' – Submit written fall protection details for each applicable roof (e-mail acceptable).
IF NO:	If No, ensure that all workers are aware of control zone safety requirements.

Does this work involve:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Proximity and/or impact to rooftop assets (e.g. solar panels, radio-frequency transmitters)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Impacts or in proximity to HVAC
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Impacts or in proximity to Fume Hood Exhaust Systems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Anticipated Impacts to Occupants (noise, fume, etc.)

NOTE: If yes to any of these, provide additional information with respect to controlling these impacts.

Fall Protection Plan

- Please refer to WorkSafeBC Regulations/Guidelines Part 11
- Anchors on BCIT property are neither inspected nor certified (excluding ATC & DTC). Anchor inspection and certification is the responsibility of the contractor
- The plan at a minimum must specify:
 - The fall hazards expected in each work area
 - The fall protection system or systems to be used in each area
 - The procedures to assemble, maintain, inspect, use, and disassemble the fall protection system
 - The procedures for rescue of a worker who has fallen and is suspended by a personal fall protection system or safety net, but is unable to self-rescue

Requestors

Contractor Signature:	Date:
BCIT Liaison Signature:	Date:

BCIT Safety & Security Verification

Security Manager Signature:	Date:
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