



Physical Plant
ROOF ACCESS KEY REQUEST

89 Freedman Crescent
Winnipeg, Manitoba
Canada, R3T 2N2

Fax: 474-7565

Name: _____

Department / Company: _____ Phone: _____

Date of Roof Access: _____ Building: _____

Date of Key Return (no more than one day after roof access): _____

Reason for Roof Access (if roof access is required in order to access another space ie: mechanical equipment penthouse, please include details):

Is suspended work to be performed. Yes No

If the answer is yes, please submit a work plan and a discussion needs to take place to review the full scope of work for safety reasons.

Approval of unaccompanied access to all roof areas will be granted only if proper fall protection equipment is used, and the user trained in its use. If proper fall protection equipment is not used, the requester may not access areas within 6 feet of the roof edge.

Will proper fall protection equipment be used? _____

Has the user been trained in the use of fall protection equipment? _____

Date of fall protection equipment training: _____

The person requesting access is responsible for the safety of all people accompanying him/her to the roof.

If more than one person is accessing the roof, please provide names of all people who will be accompanying the requester:

Physical Plant Contact: _____

Contractor Signature: _____

Approved: _____

Date: _____

Date: _____