



**University
of Manitoba**

Physical Plant

89 Freedman Crescent
Winnipeg, Manitoba
Canada, R3T 2N2

Fax: 474-7565

ROOF ACCESS KEY REQUEST For Academic Purposes

Name: _____
(Professor, researcher, or principal investigator)

Department: _____ Phone: _____

Building: _____

Is key required for ongoing research / experiment (no expected return date)? _____

If key is required for a specific project, date range that key will be in use: From _____ to _____

Please provide general description of research / experiment being carried out:

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 professor, researcher, or principal investigator who is responsible for the student group accessing the roof is responsible for supervising and monitoring all activities on the roof, and for insuring that safety precautions are exercised by all group members.

If the professor, researcher, or principal investigator is not able to accompany the student group at all times, he/she must designate a member of the group who will be the key holder and who will carry out all supervisory tasks in their absence.

Name of designated key holder: _____

Signature of designated key holder: _____

Dean/Director/Unit head

Approved: _____

Signature: _____

Date: _____