

## Flat Roof Access Risk Assessment Form

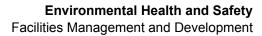
This Risk assessment form must be completed by a Toronto Metropolitan University (TMU) Supervisor or Project Manager prior to authorizing work for staff accessing a flat roof.

Contractors who need to access rooftops must provide to the TMU Project Manager proof (certificate) of Working at Height training and safe work plan.

Contractors who need access to University building rooftops must work with a TMU project lead. Contractors must ensure that their own policies and rules, in compliance with the requirements of this policy. The TMU project lead will be the main point of communication between the contractor and the Environmental Health and Safety. The project lead and contractor will be required to conduct the *Flat Roof Access Risk Assessment Forms* in order to access a building rooftop.

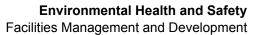
Date of Risk Assessment	/_ Day /	Month	/ / Year	Roof Access Date	Roof Departure Date	Building
(d/m/y):						
TMU Contact	Name:				Title:	Danartmant:
Info Requesting						
Roof Access:	Email:				Phone:	
					7	
1. Who will be acc	essing the	roof?				
TMLL Ctoff or Ctudent			Non TMI I Dorooppol			

1. Who will be accessing the roof?	
TMU Staff or Student	Non-TMU Personnel
Name:	Name:
Department:	Company:
TMU Staff or Student	Non-TMU Personnel
Name:	Name:
Department:	Company:
2. Reason for accessing the roof?	
3. Please describe the activity.	





4. Is the roof you are working on?						
Note: If roof is sloped, work must be consulted with Integrated Risk Management Department before						
proceeding.						
, ,	□ Flat	□ Sloped*				
5. Are there any physical bar	riers present that mee	t If yes, what kind of physical barrier				
appropriate Regulations and	-					
	Standards in the work	valea:				
e.g. guardrail, parapet, etc.	NI-					
□ Yes	□ No					
	•	rea of the roof will you be working within?				
Review the Working at Heights	s Policy.					
	□ Safe Zone	□ Fall Hazard Zone				
		our action plan below. Will you be using				
		ism to prevent the worker from accidently				
entering into the fall hazard z	one?					
0.16	. F.U.U	that a fact a managed and a collinear table O.D. Co.				
	ie Faii Hazard Zone, w	hat safety precautions will you take? Define				
your action plan below.						
_	the fall hazard zone, yo	u must use either fall protection equipment or have				
guardrails present.						
9. Are there anchor systems	nresent on the roof?	If yes, have they been certified by a				
o. Are there unerior systems	present on the root.	professional engineer within the				
□ Yes	□ No	year?				
	□ <b>140</b>	year: □ Yes □ No				
10. Will you be using fall prot	toction aguinment?	If yes, have you inspected all				
10. Will you be using fall prot						
V	NI-	equipment to be used?				
□ Yes	□ No	□ Yes □ No				
	1					
11. Please provide the	Approved training prov	vider's name:				
following information	Name of approved tra	ining				
regarding your working at	program:	9				
heights certification.	· · ·	od:				
Provide copies of	Date training complete	Eu.				
	<u> </u>	I				





certification to Project Manager/Supervisor. **				
12. Is there safe access to	If not, how would you provide this?			
and from the roof?				
□ Yes □ No				
13. Are there electrical	If yes, what is the plan of action? Note: electrical hazards must be			
hazards within	removed by disconnecting, insulating, or by other means.			
approximation of 4 metres of roof?				
□ Yes □ No				
14. Are there additional fall	If yes, what is the fall hazard? What kind of safeguarding is provided?			
hazards on the roof? e.g.				
skylights, deteriorated roof				
etc.				
□ Yes □ No				
15. Will workers be working	If yes, will you be restricting the release of the ventilation ducts?			
near ventilation ducts? e.g.				
fume hood stacks				
□ Yes □ No				
16. Please check those that a	pply. The width of the fall hazard zone must be at least 2 metres (6.5 feet).			
If any of the following conditions apply, you must increase the width of the fall hazard zone by an additional 2 metres.				
	ns are icy, work cannot be commenced.			
a. The working surface is				
<b>b.</b> The work is carried out at an elevation relative to the unguarded edge.				
<b>c.</b> The risk is increased by the use of tools or other equipment near the fall zone.				
d. The risk is increased by environmental conditions such as rain or heavy winds.				
17. Do all workers have				
required emergency				
communication equipment				
(e.g. cell, walkie talkie)?				
□ Yes □ No				
18. Define rescue procedure				





a. List the equipment needed to perform the rescue			
b. Personnel that are approve to perform the rescue			
c. List of action on how to perform the rescue			
d. List contact number and address of where the work is being done so this can be immediately given to EMS if required.			
18. General Comments. If applicable.			
Authorization			
I am aware of the possible / potential hazards and have taken all reasonable precautions necessary to control the associated hazards related to this proposed activity. I have orientated the workers or authorized persons on these hazards and necessary control measures, and ensured their competency to work in a healthy and safe manner. I have obtained the necessary licenses and permits, and have been given the necessary training.			
Project Manager or Contractor or Supervisor Name (print):			
Project Manager or Contractor or Supervisor Signature:			
Title:			
Date:			
Name of Firm or RU Department:			
Signatures Signatures indicate that the signed personnel understand and will adhere to items outlined in this form.			



## **Environmental Health and Safety**

Facilities Management and Development

		Print Name	Signature	
Worker				
Distribution				
Please submit	a copy of the com	pleted risk assessment	to the following departments:	
O IRM	CFS	RU Project Manager or Supervisor		