

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 (d/m/y):	____/____/____ Day / Month / Year	Roof Access Date	Roof Departure Date	Building
TMU Contact Info Requesting Roof Access:	Name:		Title:	Department:
	Email:		Phone:	

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

4. Is the roof you are working on? <i>Note: If roof is sloped, work must be consulted with Integrated Risk Management Department before proceeding.</i> <div style="text-align: center;"> <input type="checkbox"/> Flat <input type="checkbox"/> Sloped* </div>		
5. Are there any physical barriers present that meet appropriate Regulations and Standards in the work area? e.g. guardrail, parapet, etc. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		If yes, what kind of physical barrier?
6. If there are no physical barriers present, which area of the roof will you be working within? <i>Review the Working at Heights Policy.</i> <div style="text-align: center;"> <input type="checkbox"/> Safe Zone <input type="checkbox"/> Fall Hazard Zone </div>		
7. If you are working within the Safe Zone, define your action plan below. Will you be using warning barriers or bump lines as an alert mechanism to prevent the worker from accidentally entering into the fall hazard zone? 		
8. If you are working within the Fall Hazard Zone, what safety precautions will you take? Define your action plan below. <i>Note: If you are working within the fall hazard zone, you must use either fall protection equipment or have guardrails present.</i> 		
9. Are there anchor systems present on the roof? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		If yes, have they been certified by a professional engineer within the year? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
10. Will you be using fall protection equipment? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		If yes, have you inspected all equipment to be used? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
11. Please provide the following information regarding your working at heights certification. Provide copies of	Approved training provider's name:	
	Name of approved training program:	
	Date training completed:	

certification to Project Manager/Supervisor. **		
12. Is there safe access to and from the roof? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, how would you provide this?	
13. Are there electrical hazards within approximation of 4 metres of roof? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the plan of action? <i>Note: electrical hazards must be removed by disconnecting, insulating, or by other means.</i>	
14. Are there additional fall hazards on the roof? e.g. skylights, deteriorated roof... etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the fall hazard? What kind of safeguarding is provided?	
15. Will workers be working near ventilation ducts? e.g. fume hood stacks <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, will you be restricting the release of the ventilation ducts?	
16. Please check those that apply. 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. <i>Note: If environmental conditions are icy, work cannot be commenced.</i>		
a. The working surface is slippery or sloped.		<input type="checkbox"/>
b. The work is carried out at an elevation relative to the unguarded edge.		<input type="checkbox"/>
c. The risk is increased by the use of tools or other equipment near the fall zone.		<input type="checkbox"/>
d. The risk is increased by environmental conditions such as rain or heavy winds.		<input type="checkbox"/>
17. Do all workers have required emergency communication equipment (e.g. cell, walkie talkie)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what will be the protocol to communicate an emergency response?	
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.
<p>Authorization</p> <p>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.</p> <p>Project Manager or Contractor or Supervisor Name (print): _____</p> <p>Project Manager or Contractor or Supervisor Signature: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Name of Firm or RU Department: _____</p>
<p>Signatures</p> <p>Signatures indicate that the signed personnel understand and will adhere to items outlined in this form.</p>

	<i>Print Name</i>	<i>Signature</i>
<i>Worker</i>		
<i>Worker</i>		
<i>Worker</i>		
<i>Worker</i>		
<i>Worker</i>		
<i>Distribution</i>		
Please submit a copy of the completed risk assessment to the following departments:		
IRM	CFS	RU Project Manager or Supervisor