

<b>THE UNIVERSITY OF BRITISH COLUMBIA</b> <b>DEPARTMENT OF PLANT OPERATIONS</b>	<b>ROOF TOP ACCESS</b> <b>APPLICATION FORM</b>
--	---

Name:	
Department:	
Building:	
Roof Area:	
Requirement (Justification) For Roof Access:	
Description of Roof Top Activities:	
Do Departmental Procedures for Roof Top Activities Exist? Please attach a copy	
Date Access Required:	
Access Required Until (Date):	
I understand that building roof tops are inherently dangerous. I agree to limit my activities to that as described above and I will follow all the applicable procedures and safety requirements.	
Signature:	Date:
Department Head's Signature:	Date:
H.S.& E Signature:	Date:
Plant Operations Signature:	Date: