

**Submit 5 days in advance to CapU Liaison for approval**

Project Name:	Start Date:
CapU Liaison:	Office/Cell:
Company Name:	Office:
Site Supervisor:	Cell:

- This form shall be initiated by the Contractor or Sub contractor requesting roof access
- This form shall be sent to the CapU Liaison for review and verification
- All possible impacts to the Capilano University need to be address and controls documented prior to access
- Upon verification, the CapU Liaison will send notification to the Manager OHS & EP

**PLEASE CONTACT THE CAPU LIAISON FOR ADDITIONAL INFORMATION**
**Project Information**

Date(s) Required:	Start Time:	End Time:
Scope of Work:		
Building(s) to be accessed:		
Will the project include any activities performed within 2 meters from the edge of the roof? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, a written Fall Projection Plan must be submitted with this request form If no, ensure that all workers are aware of control zone safety requirements		
Does this work involve: <input type="checkbox"/> Yes <input type="checkbox"/> No Controlled Substances (sealant, caulking, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No Impacts on or in proximity to HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No Impacts on or in proximity to Fume Hood Exhaust Systems <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated impacts to Occupants (noise, fume, debris, etc.)		

**NOTE:** if yes to any of these, provide additional information with respect to controlling these impacts.

**Fall Protection Plan**

- Please refer to the BC Occupational Health and Safety regulations/guidelines Part 11
- Anchors on Capilano University MAY NOT be inspected nor certified. Confirmation of anchor inspection and certification is the responsibility of the contractor
- Selecting a method of fall protection
  - The contractor must ensure that guardrails (as per Part 4) are used when practicable
  - If a guardrail is not practicable, the contractor must ensure that another fall restraint system is used.
  - If a fall restraint system is not practicable, the contractor must ensure that a fall arrest system is used
  - If the use of a fall arrest system is not practicable, or will result in a hazard greater than if the system is not used, the contractor must ensure that work procedures are followed that acceptable to the Board and minimize the risk of injury to a worker from a fall
  - A control zone with or without a safety monitor may be used as a means of fall protection where it is not practicable to use a method of fall restraint or fall arrest or where the use of a fall arrest systems will result in greater hazard
- The plan must specify
  - The fall hazards expected in each work area
  - The fall protection system or systems to be used in each area
  - The procedures to assemble, maintain, inspect, use and disassemble the fall protection system
  - The procedures for rescue of a worker who has fallen and is suspend by a personal fall protection system or safety net, but is unable to self-rescue

Contractor Signature & Date	CapU Liaison Signature & Date
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**Work Complete**

Contractor Signature & Date	CapU Liaison Signature & Date
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