

Facilities Management Roof Access Waiver of Liability and Rules

Page 1 - Please read and understand these University Roof Access Rules; retain for personal records.

PART 1 – VIDEO & QUIZ

1. Please watch the video and take the quiz on the Facilities homepage if you are affiliated with the University (faculty or staff).

PART 2 - RULES

1. Only activities related directly to University or departmental business may be conducted on roofs.
2. A roof key may not be loaned to another individual for *any reason*.
3. No one less than eighteen (18) years of age is allowed on any roof.
4. Throwing any object from the roof is prohibited.
5. Roof access doors must remain locked at all times.
6. Smoking is not allowed on any roof.
7. All departmental equipment on University roofs must be *labeled* with the department name and a contact number; Facilities may remove any equipment not labeled.

PART 3 – PROTECTION

1. **Immediately** notify Dispatch of any damage (801-581-7221).
2. Tampering with any existing roof equipment is strictly *prohibited*.
3. Modification of the roof membrane or roof component must be **approved in advance** by Facilities Carpenter Shop.
4. Sharp or pointed objects may *not* be placed directly on roof membrane. All equipment must be placed on pads or curbs and in such a way that damage to the roof membrane or roof components will not occur.
5. Loose objects that can blow off the roof may not be left unattended.
6. All equipment no longer in use must be removed from roof.
7. Personal fall protection may be required when accessing some roof areas. It is your responsibility to identify these areas and to access them only if you have had the training and have the appropriate equipment to do so safely.
8. Lifting or lowering objects from the edge of the roof is *prohibited* unless:
 - a. Facilities is notified in advance.
 - b. OSHA rules are being followed at all times.
 - c. Fall protection AND ground safety measures are in place.
 - d. The work is performed by trained personnel using the proper lifting equipment.
9. Extreme caution must be used if accessing a roof during inclement weather or under adverse conditions:
 - a. Roof surfaces, especially single ply membranes can be extremely slick when wet, covered with frost, ice, snow or hail.
 - b. High wind and lightning can be life threatening on a roof and should be avoided.
 - c. Persons accessing a roof must determine that roof top conditions allow safe access before proceeding onto the roof.
 - d. If possible roof top work should be deferred until conditions have improved. If work cannot be avoided, stay on walk pads if provided.
 - e. A broom or plastic shovel (no metal edges) may be used to clear snow from walk pads.

For questions please contact the Carpenter Shop (581-8275) or Building Access [Key Shop] (581-8265).

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Page 2 – Fill out the following form and return to Building Access [Key Shop], buildingaccess@fm.utah.edu

--Please print--

Name	Last	First
UNID, email, ORG/department or Company Name	UNID	Email
	Department /Company Name	
University Affiliation	Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____	
Justification for roof access INCLUDING conclusion or completion date	Conclusion/Completion Date	

Please read and initial:

1. I have read and agree to follow rules governing roof access on the previous page. _____
2. I understand that failure to follow these rules may result in forfeiting my privilege to access University roofs. _____
3. I also understand that approval for roof access may be granted only by Facilities Carpenter Shop and may be withdrawn at any time. _____
4. I further agree that, at the request of Facilities Carpenter Shop or Building Access [Key Shop], I will relinquish my roof access key and have my name removed from my department's list of approved personnel for roof access. _____
5. I acknowledge I have health insurance and no health conditions that would prevent me from accessing the roof. _____

Requestor Signature _____ **Date** ____/____/____

Authorized Signature*	By signing I have verified that the person above has completed the Fall Protection training and any other trainings associated with Roof Access.	
	Name	UNID
	Signature _____ Date _____	

*Students and Contractors need an Authorized Signature/Sponsor (project manager, professor or department head, etc.).

Facilities Authorized Signature	Carpenter Shop	Building Access
	Date _____	Date _____