

## **Roof Access Procedure**

For safety and security reasons, roof access at SUU must be strictly controlled. All Southern Utah University personnel are required to receive authorization from Facilities Management for access to roof areas, using the following process:

1. SUU Personnel must be accompanied by an authorized Facilities Management staff member.
2. Persons desiring roof access must obtain roof access authorization from the Director of Safety and Risk Management 48 hours prior to scheduling the proposed event.
3. Facilities Management will review roof access requests and will grant permission for access if it is deemed justified.
4. If the requested use is approved, roof access will be arranged, scheduled, and accompanied by authorized Facilities Management staff.
5. The requesting party is responsible for the following:
  - Adherence to OSHA rules governing roof safety
  - Use of personal fall protection equipment
  - Proper use of equipment

The need for proper use of fall protection equipment and accompaniment by a Facilities Management staff member cannot be overstated. Any violation could result in **SERIOUS INJURY** or **DEATH**, as well as fines from OSHA and indefinite loss of roof access privileges.

**Facilities Management's Director of Safety and Risk Management shall provide OSHA certification training for SUU personnel on a semi-annual basis.**



Southern Utah University  
Temporary Roof Access  
Application/Authorization

Applicant Name:  
Building Name:  
Company Name:  
Company Address:  
Time period needed for roof access:  
Reason for access:

I \_\_\_\_\_ do hereby agree to accept responsibility for any and all damages to the roof of the \_\_\_\_\_ Building relative to approved roof access by SUU Facilities Management. I do further agree that my company will pay for any and all damages that Facilities Management deems to have been caused by me or any member of my company.

I do hereby agree to adhere to any and all restrictions on the access as determined by OSHA and Facilities Management.

I acknowledge that I hereby agree and do release, indemnify, save and hold harmless Southern Utah University, 351 W. University Blvd., Cedar City, Utah, and all of its representatives of any and all actions, causes of action, litigation, suits, claims and demands for loss, death, injury, or damages that may occur during roof access.

I do hereby claim that I have obtained adequate fall protection training as appropriate for the roof to be accessed and the activity to be performed on above listed building and will use the proper personal fall protection and safety restraints equipment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Office Use Only. Do not write below this line.

Access Granted:

\_\_\_\_\_  
Signature: Director, Safety & Risk Management

\_\_\_\_\_  
Date