

**APPENDIX B: Flat Roof Access Authorization Form**

Date:

Authorization dates (not to exceed 1 year):

Access Authorized by: \_\_\_\_\_  
Print Name
Signature

Name (Please Print)	Employee #	Organization	Phone	Signature acknowledging that you have read and understand the requirements for accessing a flat roof without a guardrail
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				