

## WORK AT HEIGHTS RISK ASSESSMENT FORM

<b>Location:</b>	<b>Date of work</b>	<b>Job Number</b>
<b>Description of work:</b>		
<i>Note – Do not proceed with task until there are no questions below with the answer “No”</i>		

<b>1. Initial Requirements</b>				<b>6. PPE</b>			
The heights work cannot be eliminated?	N/A	Yes	No	Hand protection	N/A	Yes	No
SWMS & SWI reviewed & acceptable?		Yes	No	Eye protection	N/A	Yes	No
Are all persons trained and competent?		Yes	No	Head protection	N/A	Yes	No
Potential for contact with live powerlines has been eliminated.		Yes	No	Hearing protection	N/A	Yes	No
Equipment has current inspection tag	N/A	Yes	No	Horizontal & vertical lifelines – steel or rail	N/A	Yes	No
<b>2. Ladders – (Skip if not applicable)</b>				Harness, lanyards, ropes & slings ( <i>test &amp; tagged</i> )	N/A	Yes	No
Secured against movement at head & base	N/A	Yes	No	Fall arrest / restraint devices	N/A	Yes	No
Fibre glass ladders for electric works	N/A	N/A	No	Tool restraints / belts / bags	N/A	Yes	No
Set up on secure and flat surface	N/A	Yes	No	Other:	N/A	Yes	No
Means of carrying tools e.g tool bag	N/A	Yes	No	<b>7. Emergency Response</b>			
Ladder extends 1m above top rest position ( <i>with the exception of poles</i> )	N/A	Yes	No	Emergency plan		Yes	No
<b>3. Mechanical Aids e.g EWP/Scissor (Skip if Not Applicable)</b>				Alternate entry and exit points identified in event of emergency		Yes	No
Third Party Equipment form completed	N/A	Yes	No	Emergency contact:			
Equipment has maintenance log available	N/A	Yes	No	Name/telephone no:			
Trained and competent for use of this plant	N/A	Yes	No	<b>8. Rescue Plan – Details (Use additional paper if needed)</b>			
Fall arrest equipment used & tagged	N/A	Yes	No				
Pre-start inspection completed	N/A	Yes	No				
<b>4. Scaffolding &amp; Edge protection (Skip if Not Applicable)</b>							
Current ticket certification on structure (> 4m)	N/A	Yes	No				
Maintained and in good condition ( <i>visual check</i> )	N/A	Yes	No				
Set up on solid base e.g Sole boards/ baseplates	N/A	Yes	No				
Toeboards/midrails/handrails ( <i>fitted to all edges</i> )	N/A	Yes	No				
All ladder and stair access is internal	N/A	Yes	No				
Wheels locked in place ( <i>mobile scaffolds</i> )	N/A	Yes	No				
<b>5. Additional Resources Required</b>							
Barricades/signage/means of demarcation	N/A	Yes	No	<b>9. Safe Access / Egress</b>			
Communication devices e.g 2-way	N/A	Yes	No	Is the heights work safe to access & egress?		Yes	No
Appointed Spotter. Name:	N/A	Yes	No	<b>10. Work at Heights Team</b>			
Temporary anchor points	N/A	Yes	No	Are persons trained & equipped for task?		Yes	No
Guards- Every opening with a potential for falls into or through are covered/guarded by an effective barrier	N/A	Yes	No	Are they fit for work?		Yes	No
Other:	N/A	Yes	No	Have all persons been briefed on conditions and associated plans?		Yes	No

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### 11. Persons Required to Access/Egress and Work at Heights

*The control measures and precautions required by this risk assessment for the safe access, egress and tasks involved with working at heights have been implemented. I have been informed and understand the control measures and precautions and will abide by them at all times.*

Worker's name	Date of issue	Phone	Company	W@H Accreditation No (Non - JAM Employee)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
Stand-by Person's name	Date of issue	Phone	Company	W@H Accreditation No (Non - JAM Employee)
1)				
2)				

### 12. Task Completion

All persons and equipment, plant and materials are accounted for.	Yes / No
Equipment checked and restored correctly.	Yes / No
Work has been completed	Yes / No
Job site is clear of any hazards associated with this work	Yes / No
<i>I confirm that the work at height has been completed in accordance with this risk assessment and all work is complete, all tools and equipment removed and the work area has been left in a safe condition.</i>	
JAM Personnel	Signature
Date	Time