

Work at Height Risk Assessment Checklist

NO	CHECKLIST	YES	NO	COMMENTS/QUERIES
1.	Will the work being performed at height be related to any of the following?			<input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Painting <input type="checkbox"/> Cleaning <input type="checkbox"/> Other (please state):
2.	Are the surrounding ground conditions suitable for safe work?			<input type="checkbox"/> Firm and level <input type="checkbox"/> Soft but level <input type="checkbox"/> Firm but sloping or uneven <input type="checkbox"/> Soft and uneven or sloping
3.	Is there a specified height for the work to be conducted?			Please specify the height:
4.	Does the task involve the use of any tools or equipment?			<input type="checkbox"/> Hand tools <input type="checkbox"/> Power tools <input type="checkbox"/> Lifting materials <input type="checkbox"/> Storing materials <input type="checkbox"/> Other (please specify):
5.	Can working at height be avoided by changing the procedures?			

6.	Are multiple individuals requiring access to the elevated area?			Please list their names:
7.	Is access at height required for a specific duration?			<input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months
8.	Is there a suitable type of access equipment available for this task			<input type="checkbox"/> Stepladders/Ladders <input type="checkbox"/> Mobile Elevating Work <input type="checkbox"/> Platforms (MEWP) <input type="checkbox"/> Towers <input type="checkbox"/> Scaffold <input type="checkbox"/> Other (please specify):
9.	Are there factors that could compromise worker safety?			<input type="checkbox"/> Working near water <input type="checkbox"/> Working over public areas <input type="checkbox"/> Working near traffic <input type="checkbox"/> Working near excavations <input type="checkbox"/> Other (please specify):
10.	Is the work likely to be affected by the weather conditions?			<input type="checkbox"/> Rain <input type="checkbox"/> Wind <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Mist <input type="checkbox"/> Sun

11.	Is additional lighting needed if the work is to be carried out after dark?			<input type="checkbox"/> Local lighting <input type="checkbox"/> Flood lighting <input type="checkbox"/> Portable lighting <input type="checkbox"/> None required
12.	What degree of supervision is required?			<input type="checkbox"/> Constant <input type="checkbox"/> Random spot checks <input type="checkbox"/> Daily <input type="checkbox"/> Weekly
13.	Has the physical health of workers been checked?			
14.	What methods of evacuation need to be in place for emergencies?			
15.	What additional fall protection equipment is required?			<input type="checkbox"/> Guardrails and toe-boards <input type="checkbox"/> Netting <input type="checkbox"/> Other (please state):

Further Comments & Action

