|  |  |  |  |
| --- | --- | --- | --- |
| WORKING AT HEIGHT RISK ASSESSMENT | | | |
| DATE |  | | |
| DESCRIPTION OF WORK: |  |  |  |
| LOCATION: |  | | |
|
|

| Heights Considerations | Yes | No |  | Yes | No |
| --- | --- | --- | --- | --- | --- |
| Can you work from the ground or a solid construction |  |  | Can you work in restraint |  |  |
| Can you work from scaffolding, EWP, mobile scaffolding |  |  | Can access equipment prevent falls? |  |  |
| Can work equipment prevent falls |  |  | Can equipment be provided to minimise the distance should a fall occur |  |  |
| Is there a horizontal static line in place |  |  | Are the staff competent and current to work at heights |  |  |

| Potential Hazard | | | |
| --- | --- | --- | --- |
| Condition of the work surface - uneven, slippery, brittle |  | Near power lines |  |
| Weather conditions - wind, rain, heat |  | Changing surfaces during works |  |
| Number of workers on the job |  | Manual handling |  |
| Access area - Vehicle or pedestrian isolation |  | Working near an open edge - potential fall |  |
| Angle of roof |  | Skylights or brittle roof areas |  |
| Falling objects |  | Fall from steps |  |
| Fall from ladder |  | Fall into water |  |
| Fall from height 2m or above |  | Fall from height below 2m |  |
| Moving materials |  | Fragile roof surface |  |
| Lone working |  | Live work (under separate permit) |  |
| Lifting / pulling / pushing |  | Poor lifting environment |  |
| Other (please specify |  | Other (please specify |  |

| Persons At Risk - How? | | | |
| --- | --- | --- | --- |
| Employees / Operatives |  |  |  |
| Public / Contractors |  |  |  |

| Risk Evaluation | Low | Medium | High |
| --- | --- | --- | --- |
| Gutter contents / debris falling from gutter |  |  |  |
| Injuries from equipment handling at height |  |  |  |
| Ground level falls or trips |  |  |  |

| EMERGENCY MANAGEMENT PLAN | | | |
| --- | --- | --- | --- |
| EMERGENCY CONTACT INFORMATION | NUMBER | KEY PEOPLE | NUMBER |
| Ambulance, Fire or Police |  |  |  |
| Main Gate or Security |  |  |  |
| Number of qualified persons required for rescue not including standby person |  |  |  |

***Emergency Rescue Plan - Must be rehearsed prior to commencement of any works***

|  |
| --- |
| Communication with victim |
| Maintain operations - portable ladder, leg movement, toxic shock straps |
| Monitor the victim continuously for consciousness |
| Call Emergency Services |
| Emergency Rescue Plan to be activated |
| Be aware of suspension trauma when recovering the victim |
| ABC - CPR as required |
| First Aid |

***Allocated PPE for Rescue - Must be ready prior to starting works***

|  |  |  |  |
| --- | --- | --- | --- |
| **First Aid Kit** |  |  |  |
| **Hard Hats** |  |  |  |
| **Gloves** |  |  |  |
| **Safety Glasses** |  |  |  |
| **Harnesses** |  |  |  |
| **High Vis Vest** |  |  |  |
| **Access Equipment** |  |  |  |
| **Stretcher** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |

***Competent Risk Assessing Officer***