

WORKING AT HEIGHTS RISK ASSESSMENT

Project:		Site Supervisor:	
Date:		Signed:	

DESCRIPTION OF WORK ACTIVITY:

Where is the works being performed:

Who is performing the works:

Works to be carried out using: (Tick one)

First Option 1. Temporary Secure area (ie handrail installed)

Second Option 2. Secure Platform (ie Scaffolding – Complete Checklist Doc No: OHS005, EWP Complete Checklist Doc No: OHS110)

Third Option 3. With a Fall Arrest System (ie Safety Harness)

Fourth Option 4. Portable Platform Ladder

Note: Option ¾ Fall Arrest System/s are the last resort in the event no handrail can be installed or scaffold / EWP can not be used. If Fall Arrest Systems are to be used a Safety Harness Permit Doc No: OHS104 must be completed prior to commencement.

HAZARDS

	Yes	No	N/A
1. People falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Objects falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People working below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. structural Adequacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. on fragile or potential unstable surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. on a sloping or slippery surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. in close proximity to the edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTROLS TO USED

WHO RESPONSIBLE

WHEN

Proline Building Commercial Pty Ltd

HAZARDS

CONTROLS TO USED

WHO RESPONSIBLE

WHEN

Yes No N/A

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| d. in proximity of a hole, shaft or pit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| e. Anchor Points in place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| f. Within a ceiling void /space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|
 | | | | |
| 6. Safe access and egress to heights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| a. Have you checked stairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Have you checked walkways? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Have you checked ladders? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d. Have you checked mechanical lifts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| e. Are work areas free of obstructions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|
 | | | | |
| 7. Have people working at heights been given adequate information, instruction and training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| a. Have you been vigilant in ensuring that safe work practices are in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|
 | | | | |
| b. Have you taken all practical steps to prevent falls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Have you got fall prevention systems in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d. Have you considered alternative ways to do the work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| e. Have the relevant legislative requirements, regulations, Codes of Practice & AS been taken into consideration when selecting and using the appropriate fall arrest devices, safety mesh, scaffolding safety nets and guardrails? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

OK TO PROCEED: SIGNED: _____