

WORKING AT HEIGHTS RISK ASSESSMENT FORM

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JOB TITLE

DATE ASSESSED

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JOB DESCRIPTION

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NATURE OF WORK:

<input type="checkbox"/>	Construction	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Material Handler
<input type="checkbox"/>	Utilities	<input type="checkbox"/>	
<input type="checkbox"/>	Other:		

WHO IS AT RISK? *check all that apply*

<input type="checkbox"/>	Employee	<input type="checkbox"/>	Contractor
<input type="checkbox"/>	Client / Customer	<input type="checkbox"/>	Members of Public
<input type="checkbox"/>	Other:		

HAZARD IDENTIFIED:

Yes	No	HAZARD
<input type="checkbox"/>	<input type="checkbox"/>	Fall from height
<input type="checkbox"/>	<input type="checkbox"/>	Fall through fragile roof
<input type="checkbox"/>	<input type="checkbox"/>	Objects falling on worker(s)
<input type="checkbox"/>	<input type="checkbox"/>	Objects falling on members of public
<input type="checkbox"/>	<input type="checkbox"/>	Objects falling on resources (e.g. machinery, equipment)
<input type="checkbox"/>	<input type="checkbox"/>	Equipment supporting worker at height collapsing or breaking loose
<input type="checkbox"/>	<input type="checkbox"/>	Equipment supporting worker at height slipping/shifting around
<input type="checkbox"/>	<input type="checkbox"/>	Personnel slipping or tripping at access way for elevated equipment
<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Other:

CONTROL MEASURES: *Attach images for visual reference*

HAZARD	CONTROL MEASURE	PERSON RESPONSIBLE

OBSERVATIONS:

Yes	No	OBSERVATION	NOTES
		Have workers been safely trained in safe working methods?	
		Are items in the work area properly stored away to minimize tripping hazards?	
		Have all workers at height been determined to be competent, or supervised by someone who is?	
		Do contractors provide documentation to verify they have been screened and properly trained?	
		Are contractors supervised or monitored by a competent person?	
		Are safety harnesses, safety nets, and other safety equipment used provided and inspected on a regular basis?	
		Are ladders, lifts, and other elevated equipment used provided and inspected on a regular basis?	

RECOMMENDATIONS

INSPECTOR NAME

SIGNATURE

DATE INSPECTED

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