

Working at Heights Hazard Checklist

Date:

Location:

Inspector:

Hazard Assessment Checklist

Item	Checked	Comments
Risk of falling from height assessed	<input type="checkbox"/>	<input type="text"/>
Guardrails or barriers in place	<input type="checkbox"/>	<input type="text"/>
Fall arrest/protection equipment used	<input type="checkbox"/>	<input type="text"/>
Equipment inspected before use	<input type="checkbox"/>	<input type="text"/>
Safe access/egress provided	<input type="checkbox"/>	<input type="text"/>
Weather conditions considered	<input type="checkbox"/>	<input type="text"/>
Overhead hazards identified	<input type="checkbox"/>	<input type="text"/>
Tools/equipment secured from falling	<input type="checkbox"/>	<input type="text"/>
Emergency rescue plan in place	<input type="checkbox"/>	<input type="text"/>
Workers trained for heights work	<input type="checkbox"/>	<input type="text"/>

Additional Hazards/Comments

Signature

Name:

Date: