Work at Height Point of Work Risk Assessment

| Date | | Project | | | | | | | |
|---|---|-----------------------------------|--|-----|-----|--------|---|-------|--|
| Site Location | | | | | | | | | |
| Task | | | | | | | | | |
| Applicable Risk Assessments | | | | | | | | | |
| Before commencing work, review the Task Specific Risk Assessment. If no additional hazards are identified mark "Not Applicable" in the Hazard / Risk table and proceed to Q1. | | | | | | | | | |
| If additional Hazards / Risks are identified, complete all of the detail below. Use the back of the sheet where necessary. | | | | | | | | | |
| Hazard / Risk | | Control Measures Implemented | | | | | | | |
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| 1.Does the current activity | | | | Yes | | No | | | |
| (If yes please proceed to questions 2, 3, 4, 5 & 6) 2. Has a Work at Height Risk Assessment been completed? | | | | | | | IF "NO" [| O NOT | |
| (Document No.HS&S-8STJE) | | | | | Yes | | PROCEED. | | |
| 3.Are the current hazards controlled by the existing WAH risk assessment? Note: If the work environment or hazards change, the WAH risk assessment must be reviewed | | | | | Yes | | FURTHER CONTROLS | | |
| 4.If the work equipment is to be used in an electrified environment, is it in accordance with the safe working distances set out in the Operational Safety Rules? | | | | | Yes | | REQUIRED Refer to Work at Height Policy RCUK-AGDKCW | | |
| 5.Are all persons trained to use the work equipment selected? | | | | | Yes | | | | |
| 6.Has the WAH equipment undergone an inspection/pre use check? | | | | | Yes | | | | |
| IF THE HAZARD / RISK CANNOT BE CONTROLLED DO NOT PROCEED | | | | | | | | | |
| Indicate Numbers of Persons at Risk | | | | | | | | | |
| Employees | | Contractor Staff | | | | Public | | | |
| Young Persons | | Pregnant Woman | | | | Others | | | |
| ALL Persons r | _ | on to this risk Illy discussed | | | | | | the | |
| Signature | | Name Signatu | | | | | Name | | |
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IF IN DOUBT ASK

