Inspection Check List for Working at Height

Date & time of Inspection: Location of Inspection: Inspected by (Name of Safety Personal): Name of Execution Person:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Check points** | **Yes/ No** | **Corrective Action**  **Required** | **Action By** | **Due**  **Date** | **Status** |
| 1 | Has PTW is attached with Method Statement and Risk assessment issued for work in progress in the area? |  |  |  |  |  |
| 2 | Is the fall arrest equipment provided with double lanyard with shock absorber? |  |  |  |  |  |
| 3 | Are All personnel following 100% tie-off procedure/rule while working at height? |  |  |  |  |  |
| 4 | Is the lanyard anchored higher than the height of the worker? |  |  |  |  |  |
| 5 | Is the lanyard hooked to a proper structure other than the temporary platform which  personnel standing? |  |  |  |  |  |
| 6 | Is the life line provided where the proper working platform not provided? |  |  |  |  |  |
| 7 | Is the fall arrest equipment adequately maintained and stored? |  |  |  |  |  |
| 8 | Are personnel properly trained in the use of fall arrest equipment? |  |  |  |  |  |
| 9 | Are Hand rails/guardrails/toe boards provided to the working platform? |  |  |  |  |  |
| 10 | Are floor, roof, and manhole openings adequately barricaded/covered, proper sign boards placed and constantly attended? |  |  |  |  |  |
| 11 | Is the area provided with proper warning signs and sign boards (e.g. wear harness on this structure, Men working over head etc ) |  |  |  |  |  |
| 12 | Is the area barricaded and restricted below the area where work is undergoing? |  |  |  |  |  |
| 13 | Have equipments and objects at height been secured properly? |  |  |  |  |  |
| 14 | Are the working platforms provided with proper access ladders and green tagged  and landed 1 m higher than the landing platform? |  |  |  |  |  |

Checked By ………………………………………………………………… Date…………………………………… Signature

HSE Officer Superintendent /Foreman

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