

FORM	
WORKING AT HEIGHT RISK ASSESSMENT FORM	

Administration					
Schedule Start & Finish <i>dd/mm/yyyy</i>	Start:		Working Period	<input type="checkbox"/> Engineering Hours <input type="checkbox"/> Commercial Services Hours	
	Finish:				
Type of Work	<input type="checkbox"/> Inspection	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Installation		
	<input type="checkbox"/> Testing	<input type="checkbox"/> Training	<input type="checkbox"/> Other (specify)		
Work Location	Track	From (Chainage)		To (Chainage)	
	Station	From		To	
	Depot	Building Number		Room Number	
	Other Areas	(specify)			
Work Description					

Risk Assessment				
<i>Please Tick as applicable</i>	Yes	No	<i>Risk Controls in Place / Details if Required</i>	
The need for Working at Height				
Can long handled tools or other equipment be used from ground level?	<input type="checkbox"/>	<input type="checkbox"/>		
Fall Prevention				
Does the work location have permanent guard rails or parapets?	<input type="checkbox"/>	<input type="checkbox"/>		
Can work equipment be used (tower scaffold, podium steps, cherry pickers or scissor lifts)?	<input type="checkbox"/>	<input type="checkbox"/>		
Minimizing the consequences of falls				
Are safety nets / falls arrestors to be used? (If so, describe)	<input type="checkbox"/>	<input type="checkbox"/>		
Are the people responsible for setting up safety nets / fall arrestors competent to do so and understand their limitations?	<input type="checkbox"/>	<input type="checkbox"/>		
Other Additional Measures				
Are all people connected to the working at height activity suitably trained?	<input type="checkbox"/>	<input type="checkbox"/>		
Is the equipment to be used regularly inspected and well maintained?	<input type="checkbox"/>	<input type="checkbox"/>		
Will the work be supervised to ensure that people are working safely?	<input type="checkbox"/>	<input type="checkbox"/>		
Does the surrounding area allow for safe use of a access equipment e.g. metal ladders? i.e. away from exposed electrical sources such as an energized third rail?	<input type="checkbox"/>	<input type="checkbox"/>		
Fragile Surfaces				
Are there fragile surfaces in the work location? (describe them)	<input type="checkbox"/>	<input type="checkbox"/>		
Other Considerations				
Is the activity dependent on weather conditions? (If so, describe them)	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any ducts or outlets on the roof? (If so, describe any hazards from fumes, steam etc?)	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any existing overhead services crossing and / or adjacent to proposed height working?	<input type="checkbox"/>	<input type="checkbox"/>		
Is personal protective equipment required? (list the items)	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a means of contact in emergency? (Method to be used)	<input type="checkbox"/>	<input type="checkbox"/>		
Hazards Not Adequately Controlled:	Likelihood	Consequence	Risk	Comments
Recommendations:	By Whom	By When		

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Any Additional Information
<div></div>

Details of the Assessor			
<p>As the person undertaking this assessment, I hereby certify that I have developed and reviewed the Method Statement and Risk Assessment relevant to this work activity and have consulted with relevant persons to ensure that the safe system of work is adequate. I shall ensure that the persons required to carry out the work are competent and advised of and understand the requirements of the Method Statement and Risk Assessment and monitor the hazards and control methods throughout the work activity.</p>			
Name of Assessor:			
Title:		Company:	
Contact Number:		Email Address:	
Signature:			
Date Issued:		Review Date:	