



FORM	HITACHI
WORKING AT HEIGHT RISK ASSESSMENT FORM	Hitachi Rail Honolulu JV

Administration			
Schedule Start & Finish dd/mm/yyyy	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)	
	Station	From	To (Chainage)
	Depot	Building Number	To
	Other Areas	(specify)	Room Number
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"/>	


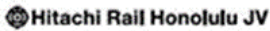
Approved By:	<input type="checkbox"/> Director, Operations and Maintenance	<input type="checkbox"/> Department Manager	<input type="checkbox"/> Manager, HSE (Operations and Maintenance)
Signature:			
Date:			

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Hazards Not Adequately Controlled:	Likelihood	Consequence	Risk	Comments
Recommendations:	By Whom		By When	

Any Additional Information

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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:	