

OUTLINE OF RISK ASSESSMENT (Summary of what is proposed. If already recorded, refer to the TSEA or permit cover sheet.): \_\_\_\_\_

WORKFORCE INVOLVED (Name all. If already recorded, refer to the TSEA or permit cover sheet.): \_\_\_\_\_

I understand the nature of the work and certify that the conditions of this permit shall be observed at all times and I have personally inspected my working at heights equipment and safety equipment.

LIST OF EQUIPMENT AFFECTED: _____	SIGNATURE: _____	DATE: ___ / ___ / ___
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LIST OF EQUIPMENT AFFECTED: _____	SIGNATURE: _____	DATE: ___ / ___ / ___

HAZARD LIST. Select your hazards from the list below and use these to complete the risk assessment.

FRAGILE ROOF OR SURFACES	<input type="checkbox"/>	OVERHEAD OBSTRUCTIONS	<input type="checkbox"/>	POSSIBLE FALL INTO A HAZARDOUS SUBSTANCE	<input type="checkbox"/>
GROUND-LEVEL OBSTRUCTIONS	<input type="checkbox"/>	POOR LIFTING ENVIRONMENT	<input type="checkbox"/>	POSSIBLE FALL INTO EXCAVATION	<input type="checkbox"/>
LIFTING, PUSHING OR PULLING	<input type="checkbox"/>	POSSIBILITY OF SLIPS OR TRIPS	<input type="checkbox"/>	POSSIBLE FALL INTO WATER	<input type="checkbox"/>
LIVE WORK (can only be performed with a separate permit)	<input type="checkbox"/>	POSSIBLE FALL FROM A HEIGHT BELOW 6' (1.83M)	<input type="checkbox"/>	RESTRICTED SPACE	<input type="checkbox"/>
MANUAL HANDLING	<input type="checkbox"/>	POSSIBLE FALL FROM A HEIGHT OF 6' (1.83M) OR MORE	<input type="checkbox"/>	VEHICLES OR TRAFFIC	<input type="checkbox"/>
MATERIALS OR TOOLS AT HEIGHTS	<input type="checkbox"/>	POSSIBLE FALL FROM A LADDER	<input type="checkbox"/>	WEATHER OR TEMPERATURE	<input type="checkbox"/>
MOVING MATERIALS	<input type="checkbox"/>	POSSIBLE FALL FROM A WORK PLATFORM	<input type="checkbox"/>	WORKING ALONE	<input type="checkbox"/>
OBJECTS THAT COULD FALL	<input type="checkbox"/>	POSSIBLE FALL FROM STEPS	<input type="checkbox"/>	OTHER (LIST)	<input type="checkbox"/>

**PERSONS EXPOSED**

EMPLOYEES	YES	NO	SHORT-SERVICE	YES	NO	OTHERS	YES	NO	If 'YES,' state:
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**HUMAN FACTORS (Include necessary information, instruction and training.)**

BRIEFED	YES	NO	EXPERIENCED	YES	NO	PART OF A TEAM	YES	NO
CAN WORK ALONE	YES	NO	EXTERNALLY TRAINED	YES	NO	SUPERVISED	YES	NO
COMPETENCE REQUIRED	YES	NO	INFORMATION/INSTRUCTION/TR AINING REQUIRED	YES	NO	SUPERVISION REQUIRED	YES	NO
COMPETENT	YES	NO	NOVICE	YES	NO	TRAINED IN-HOUSE	YES	NO

**WORKING ENVIRONMENT**

CONES/BARRIERS	YES	NO	FOUR RUNGS OF LADDER ARE ABOVE STEPPING-OFF POINT.	YES	NO	RESCUE AT HEIGHTS AVAILABLE WITHIN FIVE MINUTES	YES	NO
EMERGENCY RESCUE PROCEDURES IN PLACE	YES	NO	ISOLATE EQUIPMENT	YES	NO	SAFE WORKING AREA	YES	NO
EQUIPMENT MAINTAINED	YES	NO	LADDER PLACED AT 1:4 ANGLE	YES	NO	WEATHER	YES	NO
FIRST AID PROVISION	YES	NO	LADDER SECURED AT TOP AND ON LEVEL FIRM BASE TO SUPPORT LOAD	YES	NO	WORK EQUIPMENT INSPECTED	YES	NO

DATE: \_\_\_/\_\_\_/\_\_\_

**EQUIPMENT REQUIRED**

6' (1.83M) FALL-LIMITING LANYARD WITH SHOCK ABSORBER	YES	NO	GUARD RAILS (TOP RAIL A MINIMUM OF 39" [1m] ABOVE PLATFORM)	YES	NO	SAFETY BOOTS	YES	NO
ANCHORAGE POINTS DESIGNED	YES	NO	HARD HATS	YES	NO	SAFETY GLASSES	YES	NO
DOUBLE LANYARD FOR 100% TIE-OFF	YES	NO	HARNESS (INSPECTED)	YES	NO	SCAFFOLDING INSPECTED AND PROPERLY TAGGED	YES	NO
FALL ARREST (INSPECTED)	YES	NO	HEARING PROTECTION	YES	NO	SCISSOR/CHERRY PICKER/JLG	YES	NO
FALL RESTRAINT (INSPECTED)	YES	NO	HIGHLY VISIBLE VEST	YES	NO	STEPS	YES	NO
FIXED SCAFFOLDING ERECTED BY COMPETENT PERSONS	YES	NO	LADDERS	YES	NO	TOE BOARDS (A MINIMUM OF 6" [15.2 cm])	YES	NO
GLOVES	YES	NO	MID-RAIL PLACED WITH NO GAP OF 19" (48cm) TOE BOARD TO TOP RAIL	YES	NO	WALK BOARDS (A MINIMUM OF 24" [.61m] wide)	YES	NO
GUARD RAILS (DOUBLE ABOVE 6' [1.83m])	YES	NO	MOBILE TOWERS	YES	NO	OTHER (State.)	YES	NO

**WORKING AT HEIGHTS RISK ASSESSMENT RISK MATRIX**

Use this matrix to determine the risk for each hazard listed (i.e., how bad and how likely).

SEVERITY OF HARM	LIKELIHOOD OF HARM			
	UNLIKELY	POSSIBLE	LIKELY	PROBABLE
NEGLIGIBLE (e.g., small bruise)	VERY LOW	VERY LOW	LOW	LOW
SLIGHT (e.g., small cut, deep bruise)	VERY LOW	LOW	LOW	MEDIUM
MODERATE (e.g., deep cut, torn muscle)	LOW	MEDIUM	MEDIUM	HIGH
SEVERE (e.g., fracture, loss of consciousness)	MEDIUM	HIGH	HIGH	EXTREMELY HIGH
VERY SEVERE (e.g., death, permanent disability)	MEDIUM	HIGH	EXTREMELY HIGH	EXTREMELY HIGH

HAZARDS	WHO EXPOSED	RISK	CONTROL MEASURES	RISK
List what could cause harm from this activity (e.g., falls, falling objects, the possibility of tripping). Complete a separate table for each activity.	List who might be harmed from this activity, especially 'at risk' groups (e.g., staff, public, children, the disabled, the elderly).	For each hazard, decide the level of risk as if you were to do the activity without your controls. This field is for risks from the list of hazards.	<p>The issuing authority shall verify that all work at heights has been properly planned and organized, those involved in working at heights are competent, the risks from working at heights have been assessed, appropriate work equipment has been selected and used, the risks from fragile surfaces are properly controlled, and equipment for working at heights has been properly inspected and is being maintained.</p> <p>For each hazard, list the measures you will be taking (e.g., training received, use of personal protective equipment, provision of first aid) to minimize the risk identified.</p>	For each hazard, now decide the level of risk, once all of your controls are in place. This field is for risks from the risk matrix.