

Working at Height Checklist

1. This checklist has been supplied in a Word table to allow the user to either tailor the form to suit their specific needs, or simply print it and fill it out on-site.
2. This list is intended to obtain information to aid the planning of work in compliance with [Regulation 4 of the Work at Height Regulations 2005](#).
3. Most questions can be completed by ticking or ringing the answers, where further information is required space has been provided to insert comments.
4. Question 5 is a key question as once the task has been analysed it may be possible to plan the work so that an alternative method can be employed to avoid work at height.
5. If work at height cannot be avoided, it is important that the plan should specify the most practicable methods and the most suitable equipment that can be employed. Collective fall protection (barriers, nets, etc) should always be specified in preference to an individual (restraint/arrest equipment). It is also important that the plans are not overly strict or restrictive.
6. The information obtained by completing this checklist can then be used as the basis of a full risk assessment, as the 'significant hazards' have been identified. More information about the hazards and control measures for working at height can be found on the [Health and Safety Executive website](#).

1. What is the type of work to be carried out at height?	Construction	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>
	Painting	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>
	Other, please state			
2. What are the ground conditions around the work area?	Firm and level	<input type="checkbox"/>	Soft but level	<input type="checkbox"/>
	Firm but sloping or uneven	<input type="checkbox"/>	Soft and uneven or sloping	<input type="checkbox"/>
3. What height is the proposed work to be carried out at?				
4. Does the work involve using:	Hand tools	<input type="checkbox"/>	Power tools	<input type="checkbox"/>
	Lifting materials	<input type="checkbox"/>	Storing materials	<input type="checkbox"/>
	Other, please state			

5. Can working at height be avoided by changing the procedures? (assembly at ground level, etc. Refer to Hierarchy of Control Measures)	<p style="text-align: center;">Yes</p> <input type="checkbox"/>		<p style="text-align: center;">No</p> <input type="checkbox"/>					
6. How many people will need to gain access to the elevated position? Please state those who will require access.								
7. Are those involved in work at height competent to do so (trained, supervised, experienced, capable?)	<p>Yes</p> <input type="checkbox"/>		<p>No</p> <input type="checkbox"/>					
8. How long is access at the height required?	<p>Minutes</p>		<p>Days</p>					
	<p>Days</p>		<p>Weeks</p>					
	<p>Months</p>							
9. What is the most practicable type of access equipment for this work?	<p>Stepladders/ Ladders</p>	<input type="checkbox"/>	<p>Mobile Elevating Work Platforms (MEWP)</p>	<input type="checkbox"/>				
	<p>Towers</p>	<input type="checkbox"/>	<p>Scaffold</p>	<input type="checkbox"/>				
	<p>Other, please state (i.e. rope access, bosuns chair, etc)</p>							
10. Are there other factors that could affect the safety of the workers or of others from falls or falling objects?	<p>Working over or near water</p>		<input type="checkbox"/>	<p>Working over or near public areas</p>		<input type="checkbox"/>		
	<p>Working over or near traffic</p>		<input type="checkbox"/>	<p>Working over or near excavations</p>		<input type="checkbox"/>		
	<p>Other, please state</p>							
11. Is the work likely to be affected by the weather conditions?	<p>Rain</p>	<input type="checkbox"/>	<p>Wind</p>	<input type="checkbox"/>	<p>Snow</p>	<input type="checkbox"/>	<p>Ice</p>	<input type="checkbox"/>
	<p>Frost</p>	<input type="checkbox"/>	<p>Fog</p>	<input type="checkbox"/>	<p>Sea Mist</p>	<input type="checkbox"/>	<p>Sun</p>	<input type="checkbox"/>
12. If the work is to be carried out in hours of darkness, does lighting need to be installed?	<p>Local lighting</p>		<input type="checkbox"/>	<p>Floodlighting</p>			<input type="checkbox"/>	
	<p>Portable lighting</p>		<input type="checkbox"/>	<p>None required</p>			<input type="checkbox"/>	
13. What degree of supervision is required?	<p>Constant</p>		<input type="checkbox"/>	<p>Random spot checks</p>			<input type="checkbox"/>	
	<p>Daily</p>		<input type="checkbox"/>	<p>Weekly</p>			<input type="checkbox"/>	

14. Has the physical health of workers been checked to ensure that they have the required physical stamina and agility to gain safe access to their work positions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
15. What methods of evacuation need to be in place to ensure a safe rescue in the event of an emergency? Please state				
16. What additional fall protection equipment is required? (collective fall protection should always be used in preference to individual protection)	Guardrails and toe-boards	<input type="checkbox"/>	Netting	<input type="checkbox"/>
	Airbags	<input type="checkbox"/>	Fall arrest equipment (harnesses & lanyards)	<input type="checkbox"/>
	Restraint/work positioning equipment			<input type="checkbox"/>
	None			<input type="checkbox"/>
	Rescue equipment, please state			

Performed by
**Location of the proposed
work at height**
Date
