

# SAFETY IS A PRIORITY. WORKMEN ARE RESPONSIBLE TO UNDERTAKE WORK AT HEIGHTS IN ACCORDANCE WITH THE COMPANY OHS POLICY & CURRENT SAFETY REGULATIONS

DATE / /		REFERENCE NO.
WORKSITE NAME		
ADDRESS		
WORKPLACE MANAGER		
PHONE	EMAIL	
CONTRACTOR COMPANY		
FOREMAN NAME		
PHONE	EMAIL	
DETAILS OF WORK TO BE DONE		

## CHECKLIST PRIOR TO WORK COMMENCEMENT

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • WORKSITE SAFETY INDUCTION COMPLETED                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • RISK ASSESSMENT COMPLETED                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • SAFE WORK METHOD COMPLETED                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • WORKERS HAVE COMPLETED WORKING AT HEIGHTS TRAINING        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • WORKERS FIT & HEALTHY                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • PPE EQUIPMENT CHECKED FOR SUITABILITY                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • ACCESS & FALL PROTECTION SYSTEM MAINTENANCE HAS BEEN DONE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • WORKERS CLEARLY UNDERSTAND ALL RISKS & CONTROL MEASURES   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • EMERGENCY PLAN IN PLACE & UNDERSTOOD                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SIGNED / WORKPLACE MANGER

SIGNED / CONTRACTOR FOREMAN

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