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| Work Scope Details | |
| Scope: | |
| Location: | Date: |

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| **Work Planning** (refer to Working at Height Standard PET-HSE00-HX-STD-00001) | | |
| Access System to be used: | | **Protection System to be used:** |
| Man-lift | Scaffold | Guardrail |
| Man Riding | Rope Access | Fall Arrest System |
| Ladder | Spider Access/Suspended Scaffolding | Fall Restraint System |
| **Anchorage Point(s) to be used:** | | |
| Pad Eye | Ladder Safety System | Other: |
| D Ring | Man Rider Winch | Other: |
| **Device(s) to be used:** | | |
| Shock absorbing lanyard | Self-Retracting Life Line | Vertical Life Line |
| Dual Lanyard  Position Locator Beacon | Adjustable length restraint lanyard  Personal Flotation Device | Snap-hooks with locking mechanism |

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| Rescue Plan (attach diagrams and drawings if needed) | | |  | | |
| Rescue Equipment |  | |  | |  |
| Man-lift ground controls | Man-lift | | Block and Tackle | | Rescue Pole and/or Rope |
| Alternate Lifting / Lowering Device | Ladder | | Life Ring | | Cutting Device |
| Other: |  | | Other: | |  |
| Critical Rescue Factors (e.g. land area, rescue obstructions, rescue anchor points) | | | | | |
|  | | | | | |
|  | | | | | |
| **Rescue Personnel** | | **Method of Contact** | | | |
| 1. | | Public Address System | | | |
| 2. | | Radio Channel: | | | |
| 3. | | Phone Number: | | | |
| 4. | | Other: | | | |
| Rescue Procedure Remember: s*uspension trauma can result in unconsciousness, then death, in less than 30mins.* | | | | | |
| 1. Notify Rescuer(s) and Emergency Contact(s) | | | |  | |
| 2. If possible, have employee perform self-rescue | | | |  | |
| 3. | | | |  | |
| 4. | | | |  | |
| 5. | | | |  | |
| 6. | | | |  | |
| 7. Make medical assessment of person | | | |  | |

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| Supervisor (or formal delegate) Approval | | |
| I have verified the following is in place and appropriate to manage the hazards of the Work Scope:   * Completed *Job Risk Assessment* and *Working at Height Checklist* * Personnel involved in the task have been trained in the use of Working at Height equipment * Equipment requirements from the *Working At Height* *Standard PET-HSE00-HX-STD-00001)* are in place * Pre-use inspection of work at height equipment (e.g. harnesses, lanyards) is complete * Protection from dropped objects is in place (e.g. tools aloft reconciliation, barricades, warning signs, tool lanyards) * Controls to prevent personnel from working alone in place * Rescue equipment defined in the Plan is adequate, readily availability and in good working order * Rescue personnel know how to use the rescue equipment and have been informed of the work activity. | | |
| Name: | Signature: | Date: |

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| Work Crew | | |
| I confirm that:   * After reviewing the Job Risk Assessment and this checklist, I understand the Work Scope, critical hazards, and controls * I have the necessary training, skills, and knowledge to safely use the working at height equipment for this job. | | |
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |
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