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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.
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| 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.
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| Name:       | Signature: | Date:       |
| Name:       | Signature: | Date:       |
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