

**Working at Height (WAH) – Managers checklist for selecting WAH equipment**

(This should be used in conjunction with the WAH flow chart starting at point 2)

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| Name of person and job title completing the checklist | | |  | | | Service/School/Establishment | | |  | | |
| Department/Directorate | | |  | | | Date of assessment | | |  | | |
| **1.0** | **Work at Height activity/operation – describe the work activity, operation &/or task being undertaken (is storage of equipment and materials required?)** | | | | | | | | | | |
| 1.1 |  | | | | | | | | | | |
| **2.0** | **Consequences of a fall – detail how far a person/s could fall and injuries likely/possible (minor injury to fatality)** | | | | | | | | | | |
| 2.1 |  | | | | | | | | | | |
| **3.0** | **Level of Risk - taking into consideration the sections above, state the current level of risk with this proposed activity (tick box).** | | | | | | | | | | |
| 3.1 | **Low**  **Medium**   **High** | | | | | | | | | | |
| **4.0** | **Selecting Work at Height Equipment:** | | | | | | | | | | |
| **4.1** | Follow the [Working at Height - Flow Chart](https://iderby.derby.gov.uk/media/intranet/documents/healthandsafety/policiesandguidance/Working-at-Height-Policy-2019.pdf) found within the DCC WAH policy. Consider the following set of questions at each stage to select the appropriate equipment for the WAH activity:  (i) the working conditions and the risks to the safety of persons at the place where the work equipment it to be used  (ii) access to and egress from the work equipment and the distance to be negotiated,  (iii) the distance and consequences of a potential fall,  (iv) the duration, frequency of use and the numbers involved  (v) the need for easy and timely evacuation and rescue in an emergency,  (vi) any additional risk posed by the use, installation or removal of the work equipment or by evacuation and rescue from it  (vii) other provisions of the Work at Height Regulations – **Lone working, out of hours working, fragile surfaces, weather conditions, workers/public underneath work area, falling materials, repetitive nature, additional loading of equipment and materials, work requiring 2 hands (or team work), training, maintenance and inspection, unauthorised access/security, traffic, external ground conditions, internal floor structure, etc.** | | | | | | | | | | |
|  | **Assessment factor** | | | **Yes / No / N/A** | **Explain the rationale why the work at height equipment has/has not been selected. Add additional information / comments as required.** | | | | | | |
| **5.0** | **Equipment** | | |  |  | | | | | | |
| 5.1 | Can the activity/operation be undertaken in a way that avoids work at height? **(refer to WAH flow chart – box 3)** | | |  | **Detail actions taken to eliminate WAH**  **If no, move to 5.2** | | | | | | |
| 5.2 | Is the WAH activity/operation to be undertaken from a fixed location i.e. the roof of an existing building **(refer to WAH flow** **chart – boxes 14, 15, 17, 18)**   * Roof risk assessment in place? * Working outside of normal hours. * Is the Limitation of Access Permit (LoAP) in operation (if no other access required?) **(see box18)** * Is existing edge and fragile roof protection already in place, in good condition, signage displayed, and warnings given? * Induction in place prior to work commencing and written records retained i.e. contractor’s induction including communicating identifying areas of concern e.g. fragile roof. * If no to the above is a ‘man safe’ system in place? Go to fall arrest/restraint section. | | |  | **If no, move to 5.3** | | | | | | |
| 5.3 | Is the work inside a confined space? **(refer to WAH flow chart – box 12)** | | |  | **If no, move to 5.4** | | | | | | |
| 5.4 | Is the work adjacent or within an excavation? **(refer to WAH flow chart – box 13)** | | |  | **If no, move to 5.5** | | | | | | |
| 5.5 | Is a fall arrest/restraint system in place/required? **(refer to WAH flow chart - box 6, 17)** | | |  | **If no edge protection and/or fall arrest/restraint system in place**  **STOP!**  **Do not carry on and review findings – refer back to WAH flow chart - box 3. Contact the Corporate Health and Safety Team.**  **If no, move to 5.6** | | | | | | |
| 5.6 | Is FIXED scaffolding required? (describe which type) **(refer to WAH flow chart – box 5)** e.g. tube and fitting, designer. | | |  | **If no, move to 5.7** | | | | | | |
| 5.7 | Is a tower scaffold or other working platform required? (describe which type and why) **(refer to WAH flow chart – box 5)** e.g. fragile roof protections system, access platform | | |  | **If no, move to 5.8** | | | | | | |
| 5.8 | Is a MEWP required? **(refer to WAH flow chart – box 8, 17)** | | |  | **If no**, **move to 5.9** | | | | | | |
| 5.9 | Is rope access required? **(refer to WAH flow chart – box 6, 9, 17)** | | |  | **If no**, **move to 5.10** | | | | | | |
| 5.10 | Is low level podium required? **(refer to WAH flow chart – box 10)** | | |  | **If no**, **move to 5.11** | | | | | | |
| 5.11 | Are steps and ladders required? **(refer to WAH flow chart – box 11)** | | |  | **Is the work of short duration – no more than 30 minutes duration?** | | | | | | |
| 5.12 | Small hop up steps, elephants’ foot (no rescue plan required) | | |  | **Is the work low risk? - record findings or outcomings.** | | | | | | |
| **6.0** | **Planning and management of working at Height** | | |  |  | | | | | | |
| 6.1 | Lone working? – answer yes or no  The Council do not permit any Lone Working at Height unless it falls within the scope afforded ‘Low Level’ working as described in paragraph 10 (Working at Height Guidance).  If Yes – complete a [Lone Working risk assessment](https://iderby.derby.gov.uk/occupational-health-and-safety/policies-and-guidance/lone-working/) | | |  |  | | | | | | |
| 6.2 | Will the work be done ‘Working outside of normal hours’? | | |  |  | | | | | | |
| **7.0** | **Instruction and training** | | |  |  | | | | | | |
| 7.1 | Have you completed WAH Training in line with the [Health and safety training](https://schoolsportal.derby.gov.uk/ohs/training/#page-1)?  Mandatory courses must be completed within 12 months of starting and for existing staff must be refreshed every 3 years. | | |  | **Give details:** | | | | | | |
| 7.2 | Have employees using the selected equipment (including any harnesses or fall arrest equipment) been trained and instructed appropriately. (See certification requirements in the WAH guidance) | | |  | **Give details:** | | | | | | |
| 7.3 | If fall arrest/restraint equipment is to be used confirm rescue plans in place? **(refer to WAH flow chart – box 6, 17)** | | |  | **Give details:** | | | | | | |
| 7.4 | Have emergency procedures been reviewed (e.g. Fire) and updated in line with the equipment selected and shared with employees/contractors? | | |  | **Give details:** | | | | | | |
| **8.0** | **Inspection and maintenance procedures** | | |  |  | | | | | | |
| 8.1 | Is the equipment selected subjected to formal inspection before and periodically during use? (refer to guidance and flow diagram boxes) | | |  | **Give details:** | | | | | | |
| 8.2 | Detail who will carry out the above inspection. Ensure records are maintained (refer to various inspection checklists and the work at height audit form within the policy) | | |  | **Provide details of who, when and how often?** | | | | | | |
| 8.3 | **Summary of WAH equipment and controls selected. Describe the controls in place for this working at height activity.** | | | | | | | | | | |
| **9.0** | **Management approval and review** | | | | | | | | | | |
| **9.1** | **Date approved** | **By (name and job title)** | | **Review period** | **Date required** | | | | **Reviewed by** | | |
|  |  |  | |  |  | | | |  | | |
| **10.0** | **Level of Risk – taking into consideration sections 4.0 to 10.0 above, state the new level of risk with this proposed activity (tick box).** | | | | | | | | | | |
| 10.1 | **Low**  **Medium**  **High**  **If the work activity remains HIGH, contact Corporate Health and Safety Team for further advice and guidance, minimum of 5 working days prior to work commencing** | | | | | | | | | | |
| **11.0** | **Comments/remedial actions required** | | | | | | | **Action Required (Y/N)** | | **Date Action to be Completed, by Whom** | **Date Completed** |
|  | | | | | | |  | |  |  |
| **12.0** | **Copy sent to Corporate Health and Safety Team** [**employee.healthandsafety@derby.gov.uk**](mailto:employee.healthandsafety@derby.gov.uk) | | | | | | **Date sent:** | | | | |