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Information	
Document No.	
Audit Title	
Site/Location	
Conducted on	
Site Supervisor	
Risk Assessment	
Have potential or existing hazards been identified and the risks assessed of anyor falling from heights?	ie
☐ Yes ☐ No ☐ N/A	

Have alternative ways of carrying out the work been considered?			
Yes	□No	□ N/A	
Have all p	ractical ste	ps been taken to prevent falls?	
Yes	No	□ N/A	
		riate for the task or would another device such as a platform ated work platform be more appropriate?	
Yes	No	□ N/A	
Can three	points of c	contact be maintained when using a ladder?	
Yes	No	□ N/A	
Are fall inj	ury preven	ition systems required and in place?	
Yes	No	□ N/A	
In setting up a fall injury prevention systems is it inspected to ensure sharp edges, pinch points and sources of heat, which could damage the system are identified and rectified?			
Yes	□No	□ N/A	
Has it bee structure?		l whether a fall will be arrested before hitting the ground/other	
Yes	No	□ N/A	
• •	ment, ancl te for the l	norage points and access methods been inspected; rated; and are oad?	
Yes	□No	□ N/A	

There is no risk of falling objects striking people	e below?
Yes No N/A	
There is safe means of access and egress to the Stairs, walkways, ladders, mechanical lifts etc a	
☐ Yes ☐ No ☐ N/A	
People required to work at height have been printed instruction and training for the work being per	•
Yes No N/A	
Sign Off	
Site Supervisor	

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