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| | Client / Site | | |
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| | Conducted on | | |
| | Prepared by | | |
| | | | |
| | Location | | • |
| Lis | st Hazards on Site | | |
| | Details | | |
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Working at Heights Discussion

Hazards

- 1. Wet and uneven surfaces
- 2. Faulty equipment (harness, fall protection gears)
- 3. Weather conditions
- 4. Insufficient training
- 5. Improper footwear used

Working at Heights Planning

It is best to avoid working at heights unless necessary. Encourage your workers to use extended or long handled tools for hard to reach locations. If the work requires working at heights, first determine if falls and accidents are preventable. If so, proper equipment (i.e. Mobile Elevated Work Platforms, scaffolds, ladders, PPE) should be used and inspected at all times. If falls and accidents are not preventable or at risk of occurring then safety harnesses and fall protection landing gear should be installed.

General Safety Tips

- 1. Avoid working at heights when possible
- 2. Use an existing safe place of work
- 3. Minimize fall distance and consequences by using the right type of equipment
- 4. Select quality PPE which is regularly inspected
- 5. Always use the rails and fall protection barriers
- 6. Be mindful of the fall distance. Never overload and overreach
- 7. Determine the best anchor point to support you
- 8. Select the correct gear when working at heights (scaffold, lift, ladder)
- 9. Consider emergency and rescue procedures
- 10.Train your team to be safety conscious

This flow diagram can be used to determine the appropriate safety measures to use when working at heights. It also provides recommendations on the type of fall protection equipment and systems to use if fall hazards are uncontrollable.

Follow Up Questions

| at heights? | | |
|--|--|--|
| ☐ Yes ☐ No ☐ N/A | | |
| Are all equipment (ladders, scaffolds, safety harness, etc.) free from damages? | | |
| ☐ Yes ☐ No ☐ N/A | | |
| Are there any incidents and physical injuries which involved working at heights? | | |
| ☐ Yes ☐ No ☐ N/A | | |
| Does anyone experience any concurrent health conditions which need to be addressed immediately? | | |
| ☐ Yes ☐ No ☐ N/A | | |
| Are there any other concerns? | | |
| ☐ Yes ☐ No ☐ N/A | | |
| Confirmation | | |
| Competent Person (Full Name and Signature) | | |
| By signing this, you confirm that the information discussed during this meeting were fully understood. Click + to add signee who participated during the toolbox talk meeting | | |
| | | |
| Full Name and Signature | | |

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