



# Fall from Height

## Critical Controls (at least one of the two critical controls must be in place)

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|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------------|-----|--------------------------|----|
| 1. Has edge protection been installed (guard-rails, mesh) to prevent personnel from reaching any edge where a fall risk of >2m is present? | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Has a fall restraint (preferred) or fall arrest system been established to prevent or limit falls?                                      | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## Other controls to consider.

### Working at heights permit (mandatory unless edge protection has been installed) N/A

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|---------------------------------------------------------------|--------------------------|-----|--------------------------|-----|--------------------------|----|
| 3. Have you signed onto an approved working at height permit? | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Are you trained and competent to be working at heights?    | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Is there a documented rescue plan in place?                | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

### Fall protection system

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------------|-----|--------------------------|----|
| 6. Have you selected the appropriate fall protection for this task? Note: The preferred option is fall prevention, then fall restraint, then fall arrest. | <input type="checkbox"/> |     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Have you inspected your harness and equipment (anchors, lanyards, connectors etc.) before use?                                                         | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Fall restraint – is the work area set up so worker can not reach an edge with lanyard at maximum extension?                                            | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Fall arrest – has free fall distance been minimised and have risks of swinging been managed?                                                           | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

### Access control N/A

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|--------------------------------------------------------------------------------------|--------------------------|-----|--------------------------|-----|--------------------------|----|
| 10. Have you established appropriate barricading to control access to the work area? | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. Have you protected the work area from potential vehicle/equipment collision?     | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

### Platforms (ladders, scaffolds, mobile work platform) N/A

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------------|-----|--------------------------|----|
| 12. Have you selected the appropriate work platform to safely complete the task?                                                                                      | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13. Have you conducted a pre-use inspection of the work platform and suitability of ground conditions? Note: Consider slope, soft/uneven ground, buried services etc. | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14. Have applicable periodic inspections of the work platforms been conducted? Note: Check scaffold tags, plant inspection books etc.                                 | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 15. Are platforms fitted with all applicable safety devices (e.g., self-closing gates)?                                                                               | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 16. Is the combined weight of loads within the safe working limit (SWL) of the platform?                                                                              | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17. Is the job set up to allow you to operate within the confines of the platform? Note: No over-reaching on ladders/platforms or beyond safety rails.                | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

### Open edge protection and voids (must be in place unless using fall restraint/arrest) N/A

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------------|-----|--------------------------|----|
| 18. Is installed edge protection adequate to prevent a person from falling? Note: check all handrails are installed at appropriate height, free of corrosion, undamaged, and all bolts are properly tightened | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 19. Do all open voids have edge protection or cover installed to prevent a person from falling?                                                                                                               | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 20. Is protection installed at the top of ladders/steep stair wells where potential exists for a person to inadvertently step back and fall?                                                                  | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |