

# SAFETY QUESTIONNAIRE – HEIGHT WORK

1. What percentage of your work at height relates to the following categories? Include other categories as appropriate.

	Percentage %
Ladders/ stepladders.	
Platform steps.	
Mobile elevated working platforms.	
Scaffolds including tower scaffolds.	
Suspended access equipment.	

2. Have you assessed your method of work in accordance with the Work at Height Regulations? Where reasonably practicable you will avoid height work where you can; or use work equipment or other measures to prevent falls; or introduce measures to minimise/ reduce consequences of a fall.

Yes / No

3. Who is responsible for assessing work at height?

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4. Is this person or are these persons competent to do so?

Yes / No

5. What health and safety qualifications and/ or height work training have your competent persons achieved/ received?

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6. Do you issue method statements or work at height instructions for all employees and subcontractors that may work at height?

Yes / No

7. Are records maintained to demonstrate your work at height instructions have been provided to employees and subcontractors?  
Yes / No
8. Do you have procedures to regularly inspect and maintain all work equipment used for work at height?  
Yes / No
9. If you undertake ladder work do your work instructions include the following precautions as a minimum?
- The ladder is inspected before use.
  - The ladder is secured so it cannot slip.
  - Work is undertaken on firm and level ground.
  - The ladder is erected at an angle of 75 degrees (1 unit out for every 4 units up)
  - The user is instructed to maintain 3 points of contact.
  - Work from the top 3 rungs is prohibited.
  - The ladder extends 3 rungs or 1M above the place of landing to which it provides access.
  - When step ladders are used they are not used side on.
- Yes / No
10. Do all your ladders conform to BS 1129; 1990 or BS 2037; 1994 or BS EN/131-1?  
Yes / No

**Thank you for completing this form.**

**Completed By: (Signature).....**

**Print Name: .....**

**Title/Position: .....**

**Date .....**

**Policy No / Name of Company:**

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***This form must be signed by an authorised representative of the company such as a Partner, Director or Company Secretary***