HSEVerse
KNOWLEDGE • CAREER • SAFETY • ENVIRONMENT

WORK AT HEIGHT SAFETY CHECKLIST

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM

1. INSPECTION INFORMATION

Project / Site:		**Location / Area:**	
Inspection Date:		**Inspection Time:**	
Inspector Name:		**Company / Contractor:**	
Activity / Work Area:		**No. of Workers Observed:**	

Instructions: *Mark ✓ under Yes, No, or N/A for each applicable item. Record details of any non-compliance in the Remarks / Corrective Action column. Significant findings should be transferred to the Findings & Corrective Actions section.*

2. WORK AT HEIGHT INSPECTION CHECKLIST

No.	Inspection Item	Yes	No	N/A	Remarks / Corrective Action
1	Has the work-at-height activity been properly planned and assessed before work starts?	☐	☐	☐	
2	Has a suitable risk assessment or task-specific hazard assessment been completed?	☐	☐	☐	
3	Have suitable measures been established to prevent falls and minimize the consequences of a fall?	☐	☐	☐	
4	Are workers performing work at height suitably trained and competent for the activity?	☐	☐	☐	
5	Are workers wearing task-appropriate PPE, including suitable fall-protection equipment where required?	☐	☐	☐	
6	Are workers using fall-protection equipment correctly and in accordance with the manufacturer's instructions?	☐	☐	☐	
7	Is safe and suitable access provided to the work-at-height location?	☐	☐	☐	
8	Are working platforms stable, adequately supported and suitable for the intended work?	☐	☐	☐	
9	Are working platforms adequately decked and free from unnecessary gaps, openings or trip hazards?	☐	☐	☐	
10	Are access routes and working platforms maintained clear of unnecessary materials and obstructions?	☐	☐	☐	
11	Are scaffolds inspected by a competent person at the required intervals and after relevant changes or events?	☐	☐	☐	
12	Are scaffolds provided with suitable guardrails, midrails and toe boards where required?	☐	☐	☐	
13	Are ladders suitable, in good condition, secured where necessary and used correctly?	☐	☐	☐	
14	Are damaged or defective scaffolds, ladders or components immediately removed from service?	☐	☐	☐	

No.	Inspection Item	Yes	No	N/A	Remarks / Corrective Action
15	Are open edges protected with suitable guardrails or another approved fall-prevention system?	☐	☐	☐	
16	Are floor openings, shafts and penetrations securely covered or adequately barricaded?	☐	☐	☐	
17	Are temporary edge-protection systems secure, complete and maintained throughout the work?	☐	☐	☐	
18	Is suitable fall-restraint or fall-arrest equipment provided where collective fall protection is not sufficient?	☐	☐	☐	
19	Are full-body harnesses and associated components free from visible damage, excessive wear or defects?	☐	☐	☐	
20	Are lanyards, energy absorbers, connectors and other fall-protection components suitable and compatible?	☐	☐	☐	
21	Are fall-protection systems correctly connected to suitable anchorage points or lifelines?	☐	☐	☐	
22	Are fall-protection systems inspected before use and maintained according to applicable requirements?	☐	☐	☐	
23	Are tools and materials secured to prevent them from falling from elevated work areas?	☐	☐	☐	
24	Are exclusion zones or suitable controls established below areas where falling-object hazards exist?	☐	☐	☐	
25	Are weather conditions such as strong winds, rain, lightning or reduced visibility assessed before and during work at height?	☐	☐	☐	
26	Are slippery, unstable or otherwise hazardous working conditions corrected before work continues?	☐	☐	☐	
27	Is a suitable rescue plan available for workers who may fall or become suspended in a fall-arrest system?	☐	☐	☐	
28	Are suitable rescue equipment, personnel and communication arrangements available where required?	☐	☐	☐	
29	Are required inspections, examinations and records for work-at-height equipment maintained and available?	☐	☐	☐	
30	Are identified work-at-height deficiencies corrected and verified before the affected work continues?	☐	☐	☐	

3. FINDINGS & CORRECTIVE ACTIONS

No.	Finding / Observation	Risk Level	Corrective Action	Responsible Person	Due Date / Status
1					
2					
3					
4					

No.	Finding / Observation	Risk Level	Corrective Action	Responsible Person	Due Date / Status
5					
6					

Risk Level: Low / Medium / High / Critical | Status: Open / In Progress / Closed / Verification Required

4. OVERALL ASSESSMENT

☐ Satisfactory	☐ Needs Improvement	☐ Unsatisfactory	☐ Immediate Action Required
Positive Safety Practices Observed			
Key Areas Requiring Improvement			
Immediate Actions Required (if any)			

5. SIGN-OFF

INSPECTOR		SUPERVISOR / RESPONSIBLE PERSON	
Name:		**Name:**	
Signature:		**Signature:**	
Date:		**Date:**	

IMPORTANT SAFETY DISCLAIMER

This checklist is provided as a practical safety inspection aid. It does not replace applicable legislation, regulatory requirements, project-specific HSE requirements, risk assessments, method statements, approved procedures, manufacturer instructions, or competent professional judgment. Users should adapt the checklist to the specific project, activities, hazards, contractual requirements, and applicable legal and regulatory requirements.