

ELEVATED WORK

SAFETY OBSERVATION: SPECIFIC RISK FACTOR(S) IDENTIFIED

Please check the items below where improvement is possible, and indicate an approach to addressing the risk factor.

SUBJECT: ELEVATED WORK						
NEEDS FOCUS	RISK FACTOR IDENTIFIED	CORRECTIVE ACTION APPROACH				
		1	2	3	4	5
	Fall protection plan established					
	Anchorage points established					
	Anchorage points rated for the proper weight limit					
	100% protection assures					
	Fall protection gear inspected					
	Warning lines established					
	Monitor in place (when and where allowed)					
	Floor/wall openings protected					
	Other (specify):					
	Other (specify):					
	Other (specify):					

1= Retraining

2= Assignment to work with safety mentor

3= Increased frequency of safety observations

4= Unsafe condition or "non-enabled task" that needs to be addressed

5= Present at team meeting

Corrective action to be completed (indicate who is responsible and corrective action date):
