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| **For Risk Assessment purposes and to assist in making appropriate arrangements to deliver training for work at height at your site, we require you to complete the following questionnaire and return by email to** **admin@heightec.com****.** **Please note: Training cannot proceed without completion and verification of this form.**  |
| **PLEASE COMPLETE IN BLACK INK & BLOCK CAPITALS** |
| Company name: |       |
| Name of site: |       |
| Address: |       |
| Postcode: |       |
| Contact person: |       |
| Job title: |       |
| Tel no: |       |
| Email: |       |
|  |       |
| **Course requested:** |       |
| Course date required: |       | Starttime: |       |
| **INITIAL ENQUIRY:** |
| heightec contact name: |       |
| **THE SITE:** |
| What is the nature of the site (e.g. quarry, factory floor, refinery, construction site)           |
| Are site owners aware that training will include work at height? | Yes [ ]  | No [ ]  |
| Where will practical work at height training be carried out? | Roof top | Yes [ ]  | No [ ]  |
|  | Telecom mast / tower | Yes [ ]  | No [ ]  |
| Tower crane | Yes [ ]  | No [ ]  |
| Other (please specify)      |
| **SITE PHOTO'S ARE ESSENTIAL** Please email photo’s of areas to be used for training to admin@heightec.com |
| **Pictures of Classroom, practical training area at floor level, practical training area at height** |
| **Picture of site entrance** |
| **FACILITIES:** |
| Are the following items available for use? |
| Classroom |  Yes [ ]  | No [ ]  |  Projection Screen/Suitable wall | Yes [ ]  | No [ ]  |  Projector  | Yes [ ]  | No [ ]  |
| **SITE INFORMATION:** |
| **Site Induction** - is this required on entry?  | Yes [ ]  | No [ ]  | **Start Time:** |       | **Duration:** |       |
| CSCS Card or other certificates required?  | Yes [ ]  | No [ ]  | If 'yes', please specify       |
| Any other paperwork required?       |
| **What existing fall protection systems are in place** |
| Vertical or horizontal systems - What type / make? Picture?Picture? | Yes [ ]  | No [ ]  |
|       |  |  |
| Date of last inspection: |       |
| Are dedicated anchor points present and inspected? | Yes [ ]  | No [ ]  |
| Are there suitable points for temporary anchors, e.g. structural steelwork? | Yes [ ]  | No [ ]  |
| Are there rescue facilities for work at height? | Yes [ ]  | No [ ]  |
| If 'yes', what type of **Rescue kit** e.g. manufacturer? |       |
|       |
| Are there any other hazards, e.g. hot pipework, acidic gases, fragile surface or unprotected edges? | Yes [ ]  | No [ ]  |
| Please specify       |  |  |
| Can they be isolated, marked or cordoned off? | Yes [ ]  | No [ ]  |
| What emergency arrangements exist on site? |       |
| What is the **maximum height** required for training (this determines rescue rope length)? |       | metres |
| Will other persons be on site in the vicinity when training is taking place? | Yes [ ]  | No [ ]  |
| Can exclusion zones be enforced below the training area? | Yes [ ]  | No [ ]  |
| Are permits to work required? | Yes [ ]  | No [ ]  |

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| **SITE PPE REQUIRED:** |
| Please specify which PPE is required on site? | Safety helmet | Yes [ ]  | No [ ]  |
|  | Safety footwear | Yes [ ]  | No [ ]  |
| Hi-viz waistcoat | Yes [ ]  | No [ ]  |
| Gloves | Yes [ ]  | No [ ]  |
| Safety glasses | Yes [ ]  | No [ ]  |
| Other (please specify)?       |
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| **COURSE EQUIPMENT** |
| Does heightec need to supply fall protection PPE to the trainees for this course? | Yes [ ]  | No [ ]  |
| If **No,** please state when your equipment was last formally inspected:       |
| Does heightec need to supply the rescue kit for this course? Yes [ ]  No [ ]  |
| **Please give make / model of what fall arrest PPE / rescue equipment you are providing for use on the course.** |
|       |
| **For Rescue courses** - please confirm candidates are competent in the use of fall protection equipment. Please confirm this is so: | Yes [ ]  | No [ ]  |
| If '**No**', please discuss with a heightec Training Administrator. |
| **INSTRUCTOR ARRIVAL** |
| Where should the Instructor park their vehicle on the first morning? |
|       |
|       |
|  |
| If **NO** parking is available at site, please advise where the Instructor can deliver the training materials |
|       |
|       |
|       |
| Are there any parking restrictions? | Yes [ ]  | No [ ]  |  If yes please specify restriction below. |
|       |
|       |
| If **NO** onsite parking is available, please advise nearest public parking location. |
|       |
|       |
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| Contact person on our arrival |       |
| Mobile tel. no. |       |
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| Please indicate any other relevant information: |
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| **Signed:** |       |
| **Print Name:** |       |
| **Date:** |       |