Working at Height Competency Assessment

Competency Assessment Criteria (Going from ' Work Ready ' to ' Work Capable ')

| 1 | MINIMUM PREREQUISITE UNIT STANDARDS | Worke | ssess |
|---|--|-------|-------|
| | 23229 Use safety harness system when working at height | > | ă |
| | | | |
| 1 | PLANNING AND PREPARATION | | |
| | I reviewed the area that required work at height and determined that no alternative work method was plausible. | | |
| | I implemented control measures to eliminate and/or minimise the risk of hazards while working at height including the prevention of dropped objects. | | |
| | I selected the correct height safety equipment for the task being conducted. | | |
| | I inspected the condition and rating of all height safety equipment prior to the task starting to ensure it was fit for purpose and in test | | |
| | I verified that all people involved with the working at height task were competent to do so. | | |
| | I actively participated in defining an appropriate emergency action plan for the task. | | |
| | I ensured the appropriate emergency response equipment was available and accessible. | | |
| | I confirmed the condition and rating of possible hook on points for the task. | | |
| | | | |
| | WORK AT HEIGHT | | |
| | I ensured all work party members wore appropriate PPE for the task. | | |
| | I ensured that work party members working at height wore appropriated fitted safety harnesses. | | |
| | I participated in a simulated emergency response to a working at height emergency. | | |
| | I ensured that work party members were always safely attached to their anchor points via appropriate attachment mechanisms (lanyards etc.). | | |
| | I maintained hazard control measures that had been established to support safe working practices. | | |
| | I minimised the risk to myself and others during the work at heights activity via good communication with work party members. | | |
| | | | |
| | POST HEIGHT WORK ACTIONS | | |
| | I returned all height safety gear to its correct storage location. | | |
| | | | |
| | STATEMENT OF ASSESSMENT (Assessor must be 'Work Capable' for this specific Competency and takes responsibility for determining if the Worker is 'Work Capable') | | |
| | | | |
| | Worker Name: Worker Signature: Date: A signature by the worker indicates they have undertaken the corresponding actions as indicated by ticks in the 'Worker' column | | |
| | | | |
| | Assessor Name: Assessor indicates their verification of the Worker actions by ticks in the 'Assessor' column | | |
| | A SUBDILITIE BY THE ASSESSOR HOLDINGS THEIR VERTICIONAL OF THE WORKER ACTIONS BY TICKS IN THE ASSESSOR COLUMN | | |