|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name:** |  | **Project Number:** |  |
| **Site Address:** |  |
| **TBS Ref No:** |  | **MEWP Make/Model:** |  |
| **Location/Area:** |  |
| **TASK DETAILS** |
| Work At Height Dates | From |  | To |  |
| What Task is to be Done |  |
| **OPERATORS** |
| Names of operators who are involved in the MEWP operation |
| 1 |  | 2 |  |
| 3 |  | 4 |  |
| Do all operatives possess the appropriate competencies for the task? |  |
| **RECOVERY OPERATIVES** |
| Names of operatives identified to operate the MEWP to recover people stranded at height |
| 1 |  | 2 |  |

|  |  |
| --- | --- |
| Has a briefing been carried out and recorded? |  |
| Is the operator’s manual for the specific machine available and identify the emergency lowering procedure? |  |
| Has a 6 monthly Thorough Examination on the MEWP been carried out and a Certificate issued? |  |
| Have full body harnesses with short, fixed length lanyards been provided? |  |
| Are trauma relief straps fitted to the body harness? |  |
| Have the operatives received harness and lanyard training? |  |
| Has a 3 monthly Thorough Examination been carried out on the harness and a Certificate issued? |  |
| Has an emergency drill been carried out for all operatives involved in the operation (Record of the Drill must be recorded the Fire Evacuation and Emergency Response Drill Record Sheet HSEN-SF-0098) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEWP Co-ordinator** |  | **Signature** |  | **Date** |  |
| **Hirer’s Name\*** |  | **Signature** |  | **Date** |  |

\* The MEWP Co-ordinator MUST be trained by the hirer in all circumstances, however the MEWP Co-ordinator can undertake subsequent refresher training. See HSEN-PC-0007 Working at Height Section 6.9.