

WORKING AT HEIGHT STANDING INSTRUCTION		Standing Instruction No:
Person in Charge:	Company Name:	Tel No:

SI Start Date:	SI Start Time:	SI End Date:	SI End Time:

1 Location and Work Activity details

2. Documents provided by Authorised Person to Person in Charge (where applicable)

Form H2 – Database
 Form H3 – Register of Hazards
 Form H8 – Serious Fault Notice
 Inspection Certificate (Masts/ towers/ fixed accessways)

3 Supporting Documents Attached

Risk Assessment	Method Statement	Rescue Plan					
Risk Assessment – Suitable & Sufficient		Yes / No		Method Statement		Yes / No	
Rescue Plan – Suitable & Sufficient		Yes / No		Emergency Services No			

4 Access Equipment to be used

Fixed Ladders / Masts / Towers	Tower Scaffolding / Fixed Scaffolding	MEWP / Cherry Picker / Mobile Boom
Portable Ladders	Mansafe Restraint / Fall Arrest	Others

5 Training Certificates Checked

Advanced Climber / Occasional Climber / IRATA / Steeplejack	Scaffolding Training	MEWP / Cherry Picker / Mobile Boom Training
Portable Ladder Training	Harness Training	Others

6 Confirmation Signatures

Risk Assessment Ref:	Method Statement Ref:
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Acceptance by **ALL** Competent Persons involved in the works:
ALL PERSONS WHO ARE PART OF THE CLIMBING / ACCESS TEAM MUST SIGN ON TO THE STANDING INSTRUCTION

I understand the work that is to be carried out and the safety precautions that are necessary to complete the work safely as outlined in the Risk Assessment and Method Statement. I am medically fit to undertake these works.

Name of person carrying out works	PIC? (Y/N)	Sign / date
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Issue by Authorised Person			
I hereby authorise the works specified to be undertaken on the dates / times stated and I have checked the safety arrangements and confirm that they adhere to this standing instruction and are adequate			
Name of Authorised Person:		Signature:	
Date Authorised:		Telephone Number:	

Receipt by Person In Charge			
I accept responsibility for carrying out / supervising the work identified in this standing instruction this in accordance with the risk assessment and method statement provided. I confirm the following: that the members of my team will be fit to undertake the task, trained and competent and not under duress to carry out the work. All persons will wear the appropriate work equipment and PPE for the activity, that valid RAMS and rescue plans shall be in date for the duration of this standing instruction and that the weather forecast shall be checked prior to each WaH activity.			
Name of Person in Charge:		Signature:	
Name of Person in Charge:		Signature:	
Name of Person in Charge:		Signature:	
Name of Person in Charge:		Signature:	

Standing Instruction Cancellation by Authorised Person			
I declare that the work described in this standing instruction has been closed			
Acceptance of Completion by Authorised Person:		Signature:	
Date Standing Instruction cancelled:		Time Standing Instruction cancelled:	
Additional Comments:			