MOBILE ELEVATING WORK PLATFORMS WORKPLACE RISK ASSESSMENT

Company Name: _____ Date: _____

Jobsite Location: _____

Primary Risk Assessor(s) _____

Does this risk assessment replace a previous assessment? ☐ No ☐ Yes

If yes, date of previous assessment: _____

HAZARD	RISK	CONTROL MEASURE

Site Risk Assessment Performed by:

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____