



Tripartite Alliance for
Workplace Safety and Health

WSH Webinar for Town Councils 2022

Resources



10 June 2022

2:30PM – 4:00PM

Resources for Workers

6 WSH Rules for Working at Heights

LOOK. THINK. DO.
Look out for danger. Think of how you can protect yourself. Do your work safely.

6 Basic Workplace Safety and Health (WSH) Rules for Working at Heights

Falls are the leading cause of workplace fatalities in Singapore. **Every month, one worker dies from falling from buildings, structures and ladders.** Do your risk assessment before starting work.

Report to your supervisor if you feel unwell.

Secure safety harness when working at heights.

Use proper access and egress.

Do not climb or stretch over guard rails.

Keep work area clear of tripping objects.

Always maintain 3-point contact when using ladders.

Learn more about working safely at heights at www.wshc.sg.

Sponsored by

WSHCOUNCIL
MINISTRY OF MANPOWER
Prevent all injuries. *for better safe and healthy.* VISION ZERO



English



Bengali



Mandarin



Tamil

WAH Sticker “Fragile Roof. Do Not Step”

"Work At Height" Stickers

Everyone has a role in workplace safety. Remind your fellow workers and yourself to be safe while working at height with these stickers. Visit www.wshc.gov.sg to download and print more stickers.



CAUTION!
FRAGILE ROOF
Do not step



Scan QR code to
download image

Poster on Slips Trips and Falls for Facilities Management sector



English



Bengali

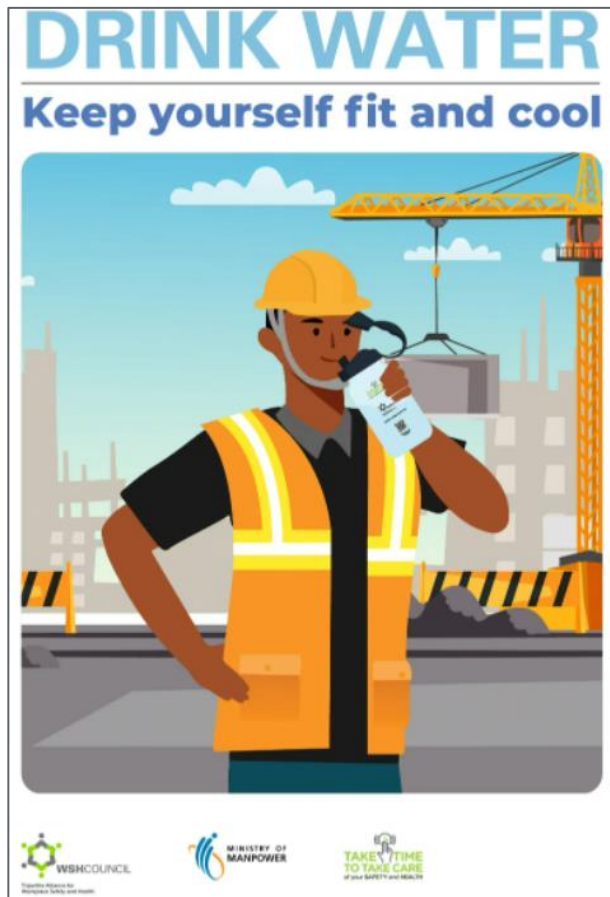


Mandarin



Tamil

Poster on Drink Water



English



Bengali



Mandarin



Tamil

ABC Checklist – Working Safely at Heights










Working Safely at Heights

Falls from heights are a major cause of work-related fatalities and injuries. It is important to ensure and maintain a safe work environment for working at heights. Use this checklist* as a guide to keep you and your workers safe. For more information on how you can keep your workplace safe, go to www.wshc.sg

Name of Company _____ Process/ Location _____

Checked by (Name/ Designation) _____ Date _____

Safety Checks		Please tick (✓) Yes No NA*	If no, action required by:
Openings into or through which a person may fall are covered or guarded with effective barriers.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
There are handrails and lower rails at open sides of staircases.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Guardrails are put in place to prevent people from falling over the edge.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Working platforms used are certified, of sound construction and are able to support the worker's weight.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Safe means of access and egress are provided.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Workers are provided with personal fall arrest systems with sufficient and secured anchorages.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Good housekeeping is practised to prevent falls from heights due to tripping hazards.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
An appointed and competent supervisor oversees workers working at heights.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____

* This checklist may not cover all aspects of work activities in your workplace. You should review the checklist when there are changes in any work activity.
NA – Not applicable



Scan QR code to
download checklist

ABC Checklist – Safe Use of Ladders











Safe Use of Ladders

The safe use of ladders is important to protect you and your workers' safety. Use this basic checklist* as a guide to keep you and your workers safe. For more information on how you can keep your workplace safe, go to www.wshc.sg

Name of Company _____ Process/ Location _____

Checked by (Name/ Designation) _____ Date _____

Safety Checks		Please tick (✓) Yes No NA*	If no, action required by:
Ladder is in good working condition without any visible defects.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Ladder is extended fully before starting work.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Ladder is placed on stable and level ground.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Workers are instructed not to work on the top rung of the ladder.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Workers are instructed not to carry any object in their hands when climbing a ladder.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
A worker is holding on to the ladder when his co-worker is on it.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Workers maintain three points of contact with the ladder at all times (two legs and one hand, or two hands and one leg).		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Workers are wearing proper footwear, for example, non-slip flat shoes, when using a ladder.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____

* This checklist may not cover all aspects of work activities in your workplace. You should review the checklist when there are changes in any work activity.
NA – Not applicable



Scan QR code to
download checklist

ABC Checklist – Slips, Trips and Falls



Slips, Trips and Falls

Slip, trip and fall hazards are common in workplaces. They can lead to serious bodily harm or even fatal injuries. Use this basic checklist* as a guide to keep you and your workers safe. For more information on how you can keep your workplace safe, go to www.wshc.sg

Name of Company _____ Process/ Location _____

Checked by (Name/ Designation) _____ Date _____

Safety Checks		Please tick (✓) Yes No NA*	If no, action required by:
Anti-slip installations such as anti-slip mats are used in areas that are wet or oily.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Appropriate personal protective equipment such as anti-slip shoes are provided for all workers.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Damaged floorings (e.g. broken tiles) are repaired immediately.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Good housekeeping is maintained.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Walkways are kept clear of obstructions such as boxes.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Spills are cleaned up immediately.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Warning signages are put up to caution people of wet floor.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____
Work areas are sufficiently illuminated.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Date : _____

* This checklist may not cover all aspects of work activities in your workplace. You should review the checklist when there are changes in any work activity.
* NA - Not applicable



Scan QR code to
download checklist