



FALL HAZARD ASSESSMENT

Building & Location:	Task:
Occupation:	Department:
Evaluation Completed By:	Date:

Roofs

Type of Roof	<input type="checkbox"/> Flat Roof (2"/ft Pitch)	<input type="checkbox"/> Low Slope Roof (2"/ft – 4"/ft)	<input type="checkbox"/> Contemp. Slope Roof (4"/ft – 9"/ft)	<input type="checkbox"/> Steep Slope Roof (9"/ft or Higher)
Roof Height	Highest Point:		Lowest Point:	
Method of Access	<input type="checkbox"/> Stairs <input type="checkbox"/> Other _____	<input type="checkbox"/> Ship's Ladder*	<input type="checkbox"/> Fixed Ladder*	<input type="checkbox"/> Portable Ladder*
*Note: Work conducted on ladders is limited to those activities that allow the employee to maintain three points of contact with the ladder at all times.				
Roofing Material	<input type="checkbox"/> Membrane <input type="checkbox"/> Ballast Type: _____	<input type="checkbox"/> Tar	<input type="checkbox"/> Shingles <input type="checkbox"/> No Ballast	
Reason For Accessing The Roof	Equipment / Distance To Edge			
	<input type="checkbox"/> Air Handling Unit _____(ft.)	<input type="checkbox"/> Drains _____(ft.)	<input type="checkbox"/> Heater _____(ft.)	<input type="checkbox"/> Seasonal Maintenance _____(ft.)
	<input type="checkbox"/> Chiller Tower _____(ft.)	<input type="checkbox"/> Repair _____(ft.)	<input type="checkbox"/> Other _____(ft.)	
Other Identified Hazards	<input type="checkbox"/> Low Light	<input type="checkbox"/> Slippery Surfaces	<input type="checkbox"/> Floor Openings	<input type="checkbox"/> Moving Parts
	<input type="checkbox"/> Trip Hazards	<input type="checkbox"/> Protruding Objects	<input type="checkbox"/> Sloping Surfaces	<input type="checkbox"/> High Wind Velocity
	<input type="checkbox"/> Hidden Drop-offs	<input type="checkbox"/> Pedestrian Traffic	<input type="checkbox"/> Unstable Surfaces	<input type="checkbox"/> Weather Related
	<input type="checkbox"/> Unstable Footing	<input type="checkbox"/> Open Floor Holes	<input type="checkbox"/> Skylights	<input type="checkbox"/> Other _____
Engineering Controls	<input type="checkbox"/> Guard Rail System or Parapet(42"or Greater)	<input type="checkbox"/> 6 ft. Boundary Line System (Roofing Work Only)*	<input type="checkbox"/> 15 ft. Minimum Distance From Edge (Marked)**	<input type="checkbox"/> Roof Anchor (Certified)***
Description of Tasks & Administrative Controls In Place:				
Fall Protection Required	<input type="checkbox"/> Class 3 - Full Body Harness	<input type="checkbox"/> Safety Nets (Falls Less Than 25 Feet)	<input type="checkbox"/> Rail System	<input type="checkbox"/> Boatswain's chair
	<input type="checkbox"/> Cable Positioning Lanyards	<input type="checkbox"/> Shock Absorbers	<input type="checkbox"/> Web Lanyard (Falls Less Than 2 Feet)	<input type="checkbox"/> Retractable Lifeline System
	<input type="checkbox"/> Rope Lanyard	<input type="checkbox"/> Rope Grabs		

*6 ft. barrier is only approved by OSHA for roofing activities, **15 ft. markings and/or barriers must be visible at all times, despite snow cover, ***Facilities with certified roof anchors must maintain copies of the inspection report and certification documents.

Comments: _____

Supervisor: _____ **Date:** _____ **EHS Officer:** _____ **Date:** _____

Overhead Equipment & Ceilings

Type of Elevated Work Area	Description of Overhead Equipment _____
Working Height (<4ft)	Height: _____
Access to Elevated Work Area	<input type="checkbox"/> Stairs <input type="checkbox"/> Ship's Ladder* <input type="checkbox"/> Fixed Ladder* <input type="checkbox"/> Portable Ladder* <input type="checkbox"/> Aerial Lift <input type="checkbox"/> Baker Staging <input type="checkbox"/> Potable Stairs <input type="checkbox"/> Other _____ *Note: Work conducted on ladders is limited to those activities that allow the employee to maintain three points of contact with the ladder at all times.
Aerial Lifts Only	If work is conducted while standing on an aerial lift, list the type of aerial lift that is used _____
Reason for Accessing the Space:	<input type="checkbox"/> Check all that apply and provide a brief description of the work that will be conducted:
<input type="checkbox"/> Electrical	Description
<input type="checkbox"/> Repair	Description
<input type="checkbox"/> Servicing	Description
<input type="checkbox"/> Cleaning	Description
<input type="checkbox"/> Mechanical	Description
<input type="checkbox"/> Other	Description
Other Identified Hazards	<input type="checkbox"/> Low Light <input type="checkbox"/> Trip Hazards <input type="checkbox"/> Hidden Drop-offs <input type="checkbox"/> Unstable Footing <input type="checkbox"/> Slippery Surfaces <input type="checkbox"/> Protruding Objects <input type="checkbox"/> Pedestrian Traffic <input type="checkbox"/> Open Floor Holes <input type="checkbox"/> Floor Openings <input type="checkbox"/> Sloping Surfaces <input type="checkbox"/> Unstable Surfaces <input type="checkbox"/> Skylights <input type="checkbox"/> Moving Parts <input type="checkbox"/> High Wind Velocity <input type="checkbox"/> Weather Related <input type="checkbox"/> Other _____
Engineering Controls	<input type="checkbox"/> Guard Rail System <input type="checkbox"/> Anchor (Certified)** <input type="checkbox"/> Other _____
Description of Tasks & Administrative Controls In Place:	
Fall Protection Required	<input type="checkbox"/> Class 3 - Full Body Harness <input type="checkbox"/> Boatswain's chair <input type="checkbox"/> Web Lanyard (Falls Less Than 2 Feet) <input type="checkbox"/> Retractable Lifeline System <input type="checkbox"/> Safety Nets (Falls Less Than 25 Feet) <input type="checkbox"/> Cable Positioning Lanyards <input type="checkbox"/> Rope Lanyard <input type="checkbox"/> Rope Grabs <input type="checkbox"/> Rail System <input type="checkbox"/> Shock Absorbers

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Vertical Shaft

Type of Elevated Work Area	Description of Vertical Shaft _____
Working Height (<4ft)	Height: _____
Access to Elevated Work Area	<input type="checkbox"/> Stairs <input type="checkbox"/> Ship's Ladder* <input type="checkbox"/> Fixed Ladder* <input type="checkbox"/> Portable Ladder* <input type="checkbox"/> Aerial Lift <input type="checkbox"/> Baker Staging <input type="checkbox"/> Potable Stairs <input type="checkbox"/> Other _____ *Note: Work conducted on ladders is limited to those activities that allow the employee to maintain three points of contact with the ladder at all times.
Aerial Lifts Only	If work is conducted while standing on an aerial lift, list the type of aerial lift that is used _____
Reason for Accessing the Space:	<input type="checkbox"/> Check all that apply and provide a brief description of the work that will be conducted:
<input type="checkbox"/> Electrical	Description
<input type="checkbox"/> Repair	Description
<input type="checkbox"/> Servicing	Description
<input type="checkbox"/> Cleaning	Description
<input type="checkbox"/> Mechanical	Description
<input type="checkbox"/> Other	Description
Other Identified Hazards	<input type="checkbox"/> Low Light <input type="checkbox"/> Trip Hazards <input type="checkbox"/> Hidden Drop-offs <input type="checkbox"/> Unstable Footing <input type="checkbox"/> Slippery Surfaces <input type="checkbox"/> Protruding Objects <input type="checkbox"/> Pedestrian Traffic <input type="checkbox"/> Open Floor Holes <input type="checkbox"/> Floor Openings <input type="checkbox"/> Sloping Surfaces <input type="checkbox"/> Unstable Surfaces <input type="checkbox"/> Skylights <input type="checkbox"/> Moving Parts <input type="checkbox"/> High Wind Velocity <input type="checkbox"/> Weather Related <input type="checkbox"/> Other _____
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Elevated Platform

Type of Elevated Work Area	Description of Elevated Platform _____
Working Height (<4ft)	Height: _____
Access to Elevated Work Area	<input type="checkbox"/> Stairs <input type="checkbox"/> Ship's Ladder* <input type="checkbox"/> Fixed Ladder* <input type="checkbox"/> Portable Ladder* <input type="checkbox"/> Aerial Lift <input type="checkbox"/> Baker Staging <input type="checkbox"/> Potable Stairs <input type="checkbox"/> Other _____ *Note: Work conducted on ladders is limited to those activities that allow the employee to maintain three points of contact with the ladder at all times.
Aerial Lifts Only	If work is conducted while standing on an aerial lift, list the type of aerial lift that is used _____
Reason for Accessing the Space:	<input type="checkbox"/> Check all that apply and provide a brief description of the work that will be conducted:
<input type="checkbox"/> Electrical	Description
<input type="checkbox"/> Repair	Description
<input type="checkbox"/> Servicing	Description
<input type="checkbox"/> Cleaning	Description
<input type="checkbox"/> Mechanical	Description
<input type="checkbox"/> Other	Description
Other Identified Hazards	<input type="checkbox"/> Low Light <input type="checkbox"/> Trip Hazards <input type="checkbox"/> Hidden Drop-offs <input type="checkbox"/> Unstable Footing <input type="checkbox"/> Slippery Surfaces <input type="checkbox"/> Protruding Objects <input type="checkbox"/> Pedestrian Traffic <input type="checkbox"/> Open Floor Holes <input type="checkbox"/> Floor Openings <input type="checkbox"/> Sloping Surfaces <input type="checkbox"/> Unstable Surfaces <input type="checkbox"/> Skylights <input type="checkbox"/> Moving Parts <input type="checkbox"/> High Wind Velocity <input type="checkbox"/> Weather Related <input type="checkbox"/> Other _____
Engineering Controls	<input type="checkbox"/> Guard Rail System <input type="checkbox"/> Anchor (Certified)** <input type="checkbox"/> Other _____
Description of Tasks & Administrative Controls In Place:	
Fall Protection Required	<input type="checkbox"/> Class 3 - Full Body Harness <input type="checkbox"/> Boatswain's chair <input type="checkbox"/> Web Lanyard (Falls Less Than 2 Feet) <input type="checkbox"/> Retractable Lifeline System <input type="checkbox"/> Safety Nets (Falls Less Than 25 Feet) <input type="checkbox"/> Cable Positioning Lanyards <input type="checkbox"/> Rope Lanyard <input type="checkbox"/> Rope Grabs <input type="checkbox"/> Rail System <input type="checkbox"/> Shock Absorbers

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Open-sided Floor

Type of Elevated Work Area	Description of Open-sided Floor _____
Working Height (<4ft)	Height: _____
Access to Elevated Work Area	<input type="checkbox"/> Stairs <input type="checkbox"/> Ship's Ladder* <input type="checkbox"/> Fixed Ladder* <input type="checkbox"/> Portable Ladder* <input type="checkbox"/> Aerial Lift <input type="checkbox"/> Baker Staging <input type="checkbox"/> Potable Stairs <input type="checkbox"/> Other _____ *Note: Work conducted on ladders is limited to those activities that allow the employee to maintain three points of contact with the ladder at all times.
Aerial Lifts Only	If work is conducted while standing on an aerial lift, list the type of aerial lift that is used _____
Reason for Accessing the Space:	<input type="checkbox"/> Check all that apply and provide a brief description of the work that will be conducted:
<input type="checkbox"/> Electrical	Description
<input type="checkbox"/> Repair	Description
<input type="checkbox"/> Servicing	Description
<input type="checkbox"/> Cleaning	Description
<input type="checkbox"/> Mechanical	Description
<input type="checkbox"/> Other	Description
Other Identified Hazards	<input type="checkbox"/> Low Light <input type="checkbox"/> Trip Hazards <input type="checkbox"/> Hidden Drop-offs <input type="checkbox"/> Unstable Footing <input type="checkbox"/> Slippery Surfaces <input type="checkbox"/> Protruding Objects <input type="checkbox"/> Pedestrian Traffic <input type="checkbox"/> Open Floor Holes <input type="checkbox"/> Floor Openings <input type="checkbox"/> Sloping Surfaces <input type="checkbox"/> Unstable Surfaces <input type="checkbox"/> Skylights <input type="checkbox"/> Moving Parts <input type="checkbox"/> High Wind Velocity <input type="checkbox"/> Weather Related <input type="checkbox"/> Other _____
Engineering Controls	<input type="checkbox"/> Guard Rail System <input type="checkbox"/> Anchor (Certified)** <input type="checkbox"/> Other _____
Description of Tasks & Administrative Controls In Place:	
Fall Protection Required	<input type="checkbox"/> Class 3 - Full Body Harness <input type="checkbox"/> Boatswain's chair <input type="checkbox"/> Web Lanyard (Falls Less Than 2 Feet) <input type="checkbox"/> Retractable Lifeline System <input type="checkbox"/> Safety Nets (Falls Less Than 25 Feet) <input type="checkbox"/> Cable Positioning Lanyards <input type="checkbox"/> Rope Lanyard <input type="checkbox"/> Rope Grabs <input type="checkbox"/> Rail System <input type="checkbox"/> Shock Absorbers

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