

Fall Hazard Assessment Form

Northwestern trained competent persons must use this form to assess work involving fall hazards of 4 feet or more in height involving Northwestern employees. Submit this completed form to ehs@northwestern.edu for review and approval.
For questions, contact Environmental Health and Safety at ehs@northwestern.edu or (847) 467-6342.

Use only one Fall Hazard Assessment Form per task or project.

Building & Location:			Date(s) of Work:								
Scope of Work:			Department or Unit:								
Area Type	Y	N	Area Access	Y	N	Reason for Access	Y	N			
Building Rooftop			Stairs			Electrical					
Work Platform			Fixed Ladder			Mechanical					
Ceiling/Overhead Area			Portable Ladder			Repairs					
Floor/Wall Opening			Ceiling			Cleaning					
Pipe Chase/Utility Shaft			Door			Preventative Maintenance					
Other:			Vertical/Horizontal Hatch			Work with Contractors					
Fall Distance/Height of Work:		ft.	Other:			Other:					
Potential Hazards	Y	N	Potential Hazards	Y	N	Potential Hazards	Y	N			
Sloping/Unstable Surfaces			Hidden Drop-Offs			Floor Openings/Skylights/Manholes					
Slip/Trip Hazards			Moving Parts			Wall Openings					
Difficult Access			Low Light			Weather (e.g., High Wind, Rain, Lightning)					
Leading-Edge Work			Protruding Objects			Other:					
Roof Work Location	Y	N	Requirements	Controls		Y	N				
Within 15 ft. of an unprotected edge			Must use guardrails, fall restraint, or personal fall arrest system.	Guardrail System/Parapets							
				Covers							
				Fall Restraint							
More than 15 ft. from an unprotected edge			Must use guardrails, fall restraint, or personal fall arrest system, or , for infrequent/temporary work, may use a work rule prohibiting workers from going within 15 ft. of unprotected edges.	Fall Arrest							
				Designated Area (specify details in comments)							
				Work Rule (specify communication in comments)							
				Other:							
Personal Fall Arrest Equipment	Y	N	Personal Fall Arrest Equipment	Y	N	Falling Object Controls	Y	N			
Temporary Anchor			Shock-Absorbing Lanyard (SAL)			Housekeeping					
Permanent Anchor			Self-Retracting Lifeline (SRL)			Toe boards					
Mobile Fall Protection Cart			SRL-Leading Edge (SRL-LE)			Net/Screen/Canopy					
Horizontal Lifeline			Full-Body Harness			Barricade					
Lifeline/Rope Grab			Other:			Relocate Equipment/Tools					
Restraint Lanyard			Other:			Other:					
Rescue Plan	Y	N	Critical Rescue Factors								
Self-Rescue			Detail any additional rescue plans, procedures, or factors that may affect rescue below: (e.g., anchor locations, potential landing areas, obstructions or other hazards)								
Portable Ladder											
Mobile Elevated Work Platform											
Fire Department (911)											
Determination				Y	N	Reason for Declination (if applicable)		Y	N		
If "Yes," work may proceed with above-selected controls and equipment. If "No," select the reason(s) to the right or specify below:						Equipment Needed					
						Training Needed					
						Certification/Inspection Needed					
						Rescue Plan Needed					
Additional Comments											
Authorization											
Department Competent Person			(print)			(sign)			(date)		
EHS Representative			(print)			(sign)			(date)		