

Appendix 1 – Fall Hazard Assessment Form

Fall Hazard Assessment Form											
All work involving fall hazards of 4 feet or more in height requires an assessment using this form. Use only one 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			
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 Restraint			
								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				Housekeeping			
Permanent Anchor				Self-Retracting Lifeline (SRL)				Toeboards			
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			
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 or Unit Competent Person			(print)				(sign)			(date)	
Risk Management Representative			(print)				(sign)			(date)	