

Fall Protection Hazard Assessment Plan

Building:	Location:	
Date Assessed:	Related Operating Procedures Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location Marked and Entry Controlled: <input type="checkbox"/> Yes <input type="checkbox"/> No

FALL HAZARD ASSESSMENT CHECKLIST

1. Can an employee enter the area without restriction and perform work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are fall prevention systems such as cages, guardrails, toe boards, and manlifts in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have slipping and tripping hazards been removed or controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have visual warnings of fall hazards been installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Can the distance a worker could fall be reduced by installing platforms, nets, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are any permanently installed floor coverings, gratings, hatches, or doors missing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the location contain any other recognized safety and or health hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Working near telecommunication or electric equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Working near fume hood stacks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is work being performed (above or below) power lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are the weather conditions acceptable to work in: i.e. wind, wet footing, lightning, rain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Other:		

Assessment Information: (indicate specifics with initials)

Initials	Hazard	Remarks/Recommendations
	Total potential fall distance:	
	Number of workers involved:	
	Frequency of task:	

**Additional Requirements:**

- ♦ Potential environmental conditions that could impact safety:

Initials	Condition	Remarks/Recommendations

- ♦ Training requirements:

Initials	Requirement	Remarks/Recommendations

- ♦ Personal protective equipment required:

Initials	Requirement	Remarks/Recommendations

Departments must keep this record on file for one year and a copy must be sent to Environmental Health & Safety

Approved

Authorization

I certify that as a ☐ qualified person, ☐ design professional, or ☐ competent person (circle one), I have conducted ☐ the Fall Protection Hazard Assessment Plan of the above designated location and have detailed the findings of the assessment on this form. * Further detailed on attachment: **Y e s** **No**

Name:	Signature:	
Title:	Date:	Time:

ASSESSMENT FORM RETENTION INFORMATION**ATTACHMENTS**

Permanent Retention File:	Location:	*Yes			No		
Date Filed:	Filed By:	*See Following Pages					
Copy to Company Office	Name:	Date:					

*****ONCE YOU HAVE COMPLETED THIS EVALUATION CONTACT JIM SPAULDING (989)274-4659 OR YOUR SUPERINTENDENT*****