

**Fall Hazard Evaluation** – To be completed by worker

Building Name: \_\_\_\_\_ Building Number: \_\_\_\_\_ Room: \_\_\_\_\_

Description and location of Walking/Working surface (i.e. Mezzanine in the NW corner of mechanical room," "Catwalk along east wall," "Ladder accessing equipment.")

Fall hazards present:

<input type="checkbox"/> Unprotected sides or edges	<input type="checkbox"/> Dangerous equipment
<input type="checkbox"/> Leading edges	<input type="checkbox"/> Vertical Ladder > 24'
<input type="checkbox"/> Holes	<input type="checkbox"/> None
<input type="checkbox"/> Openings	<input type="checkbox"/> Other _____
<input type="checkbox"/> Ramp/runway/walkway	<input type="checkbox"/> Other _____

Existing Protection:

<input type="checkbox"/> Guardrail system	<input type="checkbox"/> Permanent Anchor
<input type="checkbox"/> Gate	<input type="checkbox"/> None
<input type="checkbox"/> Ladder Safety Device	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cover	<input type="checkbox"/> Other _____

Can the fall hazard be eliminated or prevented by:  
Engineering controls (guardrail, gate, cover, etc.)?  Yes  No  
If yes, describe proposed controls: \_\_\_\_\_

A fall restraint system?  Yes\*  No

\*Consult with unit Fall Protection Competent Person to determine appropriate equipment

***If all answers are "No" the consult with the unit's Fall Protection Competent Person***

Completed by: \_\_\_\_\_  
Name Signature

# **WARNING**

## **FALL HAZARD**

**Authorized personnel only.  
Personal Fall Protection  
required beyond this point.**

**Contact:** \_\_\_\_\_