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:
- ☐ Unprotected sides or edges
- ☐ Leading edges
- ☐ Holes
- ☐ Openings
- ☐ Ramp/runway/walkway
- ☐ Dangerous equipment
- ☐ Vertical Ladder > 24’
- ☐ None
- ☐ Other _______________

Existing Protection:
- ☐ Guardrail system
- ☐ Gate
- ☐ Ladder Safety Device
- ☐ Cover
- ☐ Permanent Anchor
- ☐ None
- ☐ Other _______________

Can the fall hazard be eliminated or prevented by:
- ☐ 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: ___________________________