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
☐ Other

Existing Protection:
- ☐ Guardrail system
- ☐ Gate
- ☐ Ladder Safety Device
- ☐ Cover

☐ Permanent Anchor
☐ None
☐ Other
☐ 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: ________________________________