



Date	Location	Supervisor
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Description of Work

Recognized Fall Hazards 10' or more above ground or lower level

(check all that apply)

- Catwalks
 - Sloped access
 - Work over water
 - Welding at height
 - Set girders
 - Leading edge
 - Bridge deck
 - Drilling shafts
 - Work decks
 - Floor opening
 - Wall openings
 - Open-sided ramps,
 - Open-sided walking/working surface (i.e. roofs, open-sided floors)*
 - Skylight openings
 - Surfaces that do not meet the definition of a walking/working surface (i.e. top plate beam)*
 - Overhead hazards
- (If checked, specify hazards)

* Walking/working surface = any area whose dimensions are 45 inches or greater in all direction, through which workers pass or conduct work.

Other Recognized Hazards

Environmental

- Sun
- Rain
- Snow
- Heat/Ice
- Cold
- Noise
- Darkness

Live hazards

- Birds
- Insects
- Reptiles
- Human
- Other

Method of Fall Protection to be Used (check all that apply)

- Guardrail system
- Warning line (LSO)**
- Warn line w/ safety monitor (LSO)**
- Catch platform
- Safety net
- Personal fall arrest system
- Personal fall restraint system
- Positioning device system
- Covers (floor holes and openings)
- Horizontal life lines
- Vertical life lines and rope grab
- Appropriate anchors for system used

* Warn line other than (LSO) shall be erected not less than fifteen feet from unprotected sides of edges of the open side surface

** LSO = (low slopes only 4:12 or less)

Other Standards that Apply

- Boom lift
- Scaffold w/ guardrail
- Aerial lift
- Excavation/Trenching
- Scissor lift
- Ladders
- Forklift

Personal Protection Equipment (PPE) to be used at the worksite

- Hard hat
- Safety eyewear
- Rain Gear
- Face protection
- Gloves
- Protective clothing
- Work boot

Securing tools

- Tool belts
- Tool bucket
- Toe boards
- Other

Procedure for Assembly, Maintenance, Inspection, and Disassembly of System

Assembly, disassembly, and maintenance of all equipment will be done according to manufacturer's recommended procedures. A visual inspection of all safety equipment will be done daily or before each use. Any defective equipment will be tagged and removed from service immediately.

Emergency Action Plan

First Aid / CPR

Names of Trained Personnel on Site

Location of First Aid Equipment

Emergency Services (call or radio 911 if available)

Location of Phone

Phone Number of Sheriff or Police

Phone No. of Emergency Resp. Team

Describe Procedure for Removal of Injured Employee

(Note: No removal will be attempted without supervision of qualified emergency rescue personnel)

Crane Yes No Location _____

Hoist Yes No Location _____

Winch Yes No Location _____

Block / Tackle Yes No Location _____

Other (Describe)

Verification of Compliance

Employee Signature

Employee Signature

Employee Signature

Employee Signature