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Fall Hazard Identification Checklist			
Hoist Areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hoists	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Formwork	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Runways	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Excavations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Dangerous Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Overhand Bricklaying	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Roof Sheathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Roofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Wall Openings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Falling Objects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Alternative Fall Protection Systems Checklist			
Alternative Fall Protection			
When it is used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Controlled Access Zones			
Who can enter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Demarcation procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Warning line systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Safety Monitor System			
When it is used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fall Protection Plan			
Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Role of each Employee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Conventional Fall Protection Systems Checklists					
	Installation	Maintenance	Inspection	Disassembly	N/A
Guardrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFAS (Personal Fall Arrest Systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Nets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print Name:	
Signature:	