

## Appendix C

### Sample Fall Hazard Survey Report

#### General information

Facility/Activity: \_\_\_\_\_ Page # \_\_\_\_\_  
Building/Facility # \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Work Area: \_\_\_\_\_

Survey Conducted by: \_\_\_\_\_

Accompanied by: \_\_\_\_\_

#### Survey Data

Fall Hazard Zone and Type: \_\_\_\_\_

Work Location: \_\_\_\_\_

Personnel interviewed: \_\_\_\_\_

Applicable regulations/Standards: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

How close is the person to the fall hazard: \_\_\_\_\_

Location and distance to obstructions: \_\_\_\_\_

Suggested anchorage location, if fall hazard cannot be eliminated or prevented:  
\_\_\_\_\_

Available clearance and total fall distance: \_\_\_\_\_

Number of personnel exposed to fall hazard: \_\_\_\_\_

Frequency and duration of exposure: \_\_\_\_\_

Exposure rating: High \_\_\_\_\_ Medium \_\_\_\_\_ Low \_\_\_\_\_

Potential severity of a fall: \_\_\_\_\_

Any obstructions in the potential fall path: \_\_\_\_\_

Access or egress to fall hazard area: \_\_\_\_\_

Condition of floor or other surfaces: \_\_\_\_\_

Review any mishap reports at the facility: \_\_\_\_\_

Any chance of slips trips and same level falls: Yes \_\_\_\_ No \_\_\_\_

Lock-Out/Tag-Out hazard: \_\_\_\_\_

Floor/surface condition: \_\_\_\_\_

- Identify the presence of:

- Hot objects: \_\_\_\_\_
- Sparks: \_\_\_\_\_
- Flames: \_\_\_\_\_
- Heat producing objects: \_\_\_\_\_
- Any electrical/Chemical hazards: \_\_\_\_\_
- Sharp objects: \_\_\_\_\_
- Abrasive surfaces: \_\_\_\_\_
- Any moving equipment in the area: \_\_\_\_\_
- Impact of weather factors: \_\_\_\_\_
- Other maintenance work environment/issues: \_\_\_\_\_

- Suggested fall protection solutions:

Select two of the following probable solutions

- Guardrails \_\_\_\_\_
- Safety nets \_\_\_\_\_
- Fall Arrest system \_\_\_\_\_
- Travel Restraint system \_\_\_\_\_
- Work positioning system \_\_\_\_\_
- Horizontal lifeline system/vertical lifeline \_\_\_\_\_
- Aerial lift equipment/work platforms \_\_\_\_\_
- Warning line system \_\_\_\_\_
- Ladder climbing devices \_\_\_\_\_
- Raising/lowering devices \_\_\_\_\_
- Covers \_\_\_\_\_

If fall arrest/restraint/work positioning/HLL system is selected:

- Anchorage(s) location (if any): \_\_\_\_\_
- Can rescue be performed if required: \_\_\_\_\_
- Type of rescue: \_\_\_\_\_
- Any potential swing fall hazards: \_\_\_\_\_
- Is the end user properly trained: Yes \_\_\_\_ No \_\_\_\_
- Other factors: \_\_\_\_\_

Any additional information:

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Drawings/Sketches/Photos

Prepared by: \_\_\_\_\_

Approved by: \_\_\_\_\_