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: _______________________________