



**DALHOUSIE  
UNIVERSITY**

**Department of  
Facilities Management  
Occupational Health and Safety**

**Fall Protection Worksite Hazard  
Identification and Assessment Form**

Building Name and Address:

Job:

Date:

Assessment Prepared By:

<p><b>1.0 Type of Work Site</b></p>	<p><input type="checkbox"/> Roof (Go to Section 2.)  <input type="checkbox"/> Overhead Equipment / Ceilings (Go to section 6.)  <input type="checkbox"/> Elevated Platform (Go to section 6.)  <input type="checkbox"/> Open-Sided Floor (go to section 6.)  <input type="checkbox"/> Other</p>
<p><b>2.0 Roofing Material</b></p>	<p><input type="checkbox"/> Asphalt Shingles      <input type="checkbox"/> Metal Roof      <input type="checkbox"/> Tar  <input type="checkbox"/> Composition Shingles      <input type="checkbox"/> Wood Shakes  <input type="checkbox"/> Ballasted      <input type="checkbox"/> Membrane</p>
<p><b>3.0 Type of Roof</b></p>	<p><input type="checkbox"/> Flat Roof   <input type="checkbox"/> Low Slope   <input type="checkbox"/> Conventional Slope   <input type="checkbox"/> Steep Slope  Roof Pitch _____ Does the slope change? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>4.0 Reason for Accessing Roof</b>   Check items that apply and indicate distance to edge(s) of roof.</p>	<p><input type="checkbox"/> Fume Hood Stacks _____ (m.)  <input type="checkbox"/> Air Handling Unit(s) _____ (m.)  <input type="checkbox"/> Chiller Tower _____ (m.)  <input type="checkbox"/> Maintenance  <input type="checkbox"/> Drains _____ (m.)      <input type="checkbox"/> Re-Roofing _____ (m.)  <input type="checkbox"/> Other _____ (m.)</p>
<p><b>5.0 Roof Heights</b></p>	<p><input type="checkbox"/> Lowest Point _____ (m.) Highest Point _____ (m.)</p>
<p><b>6.0 Method of Access</b></p>	<p><input type="checkbox"/> Portable Ladder   <input type="checkbox"/> Fixed Ladder   <input type="checkbox"/> Portable Stairs  <input type="checkbox"/> Aerial Lift   <input type="checkbox"/> Baker Staging   <input type="checkbox"/> Scaffold   <input type="checkbox"/> Stairs  Specify the type of aerial lift or scaffold. _____</p>
<p><b>7.0 Type of Work Area</b> (Use additional sheets of paper if necessary.)</p>	<p>(Give a brief description of the work area.)</p>
<p><b>8.0 Working Height</b>   <b>Maximum Fall Distance</b></p>	<p><input type="checkbox"/> Less than 7.5 meters      <input type="checkbox"/> 7.5 meters or more  NOTE: Prepare a safe work plan for the indicated fall distance. If both conditions exist at a work site prepare a safe work plan for each one.</p>
<p><b>9.0 Reason(s) for Accessing the</b></p>	<p>Check all of the items that apply and give a brief description of the work to be done.</p>

<p><b>Space</b></p> <p><input type="checkbox"/> Maintenance</p> <p><input type="checkbox"/> Repair / Servicing</p> <p><input type="checkbox"/> Electrical</p> <p><input type="checkbox"/> Cleaning</p> <p><input type="checkbox"/> Mechanical</p> <p><input type="checkbox"/> Other</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>10.0 Other Identified Hazards</b></p> <p>(See Pre-Job Hazard Assessment for non fall related hazards.)</p> <p><u>If necessary use additional sheets of paper to clearly describe checked hazards.</u></p>	<p><input type="checkbox"/> Slippery Surfaces    <input type="checkbox"/> Trip Hazards    <input type="checkbox"/> Unstable Footing</p> <p><input type="checkbox"/> Poor Lighting    <input type="checkbox"/> Unstable Surfaces    <input type="checkbox"/> Floor Openings</p> <p><input type="checkbox"/> Protruding Objects    <input type="checkbox"/> Sloping Surfaces    <input type="checkbox"/> Weather Issues</p> <p><input type="checkbox"/> Drop-Offs    <input type="checkbox"/> Pedestrian or Vehicle Traffic    <input type="checkbox"/> Moving Parts</p> <p><input type="checkbox"/> High Winds    <input type="checkbox"/> Power Lines or other Electrical</p> <p><input type="checkbox"/> Ground Cover    <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>
<p><b>11.0 Control Measures to be Implemented</b></p> <p>(See Pre-Job Hazard Assessment for control measures for non fall related hazards.)</p>	<p><input type="checkbox"/> Elimination of Fall Hazard    <input type="checkbox"/> Guardrails    <input type="checkbox"/> Covering Openings</p> <p><input type="checkbox"/> Travel Restraint System    <input type="checkbox"/> Safety Nets    <input type="checkbox"/> Fall Arrest System</p> <p><input type="checkbox"/> Safe Work Procedures and Safe Work Practices</p> <p><input type="checkbox"/> Temporary Flooring</p>
<p><b>12.0 Additional Comments</b></p> <p>(Use additional sheets of paper if necessary.)</p>	

**Sign-Off By Work Crew** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Designated Supervisor Responsible for Job** \_\_\_\_\_ **Date** \_\_\_\_\_

Version: 1	Effective Date: April 2015	Revision Date:
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