



London N. Breed, Mayor
Philip A. Ginsburg, General Manager

Fall Hazard Assessment

ENVIRONMENT, HEALTH AND SAFETY PROGRAM
501 STANYAN STREET, SAN FRANCISCO, CA 94117-1898 • 415.831.2776 P • 415.831.2098 F

DIRECTIONS: Complete form as needed before undertaking any work at height (6 feet or greater). Attach more pages as needed. A copy of this document may be shared with EHS.

1. LOCATION

LOCATION:	DATE OF ASSESSMENT
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2. ASSESSMENT

FALL HAZARD ASSESSMENT CHECKLIST		
1. Can an employee enter the area without restriction and perform the work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are fall prevention systems such as guardrails, toeboards or aerial lifts in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have slipping and tripping hazards been removed or controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have visual warnings of fall hazards been installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Can the distance a worker could fall be reduced by installing platforms, nets etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are any permanently installed floor coverings, gratings, hatches, or doors missing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the location contain any other recognized safety and or health hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is the space designated as a Permit Required Confined Space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have anchor points been designated and load tested by a Qualified Person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Assessment Information	
Hazard:	Comments/Recommendations
Total potential fall distance:	
Number of workers involved:	
Frequency of task:	
Obtainable anchor point strength:	
Required anchor point strength (not less than 5000 lbs):	

Potential environmental conditions that could impact safety	
Condition	Comments/Recommendations

Possible required structural alterations	
Alteration	Comments/Recommendations

Possible task modification that may be required	
Task	Comments/Recommendations

Breakdown of vertical and horizontal movement (sketch out work task):

Training	
Requirement	Comments/Recommendations
Review of Fall Protection Safe Work Practice	

Personal Protective Equipment	
Requirement	Comments/Recommendations

3. AUTHORIZATION

I certify that I have conducted a Fall Hazard Assessment at the above location and have detailed the findings of the assessment on this form:

SUPERVISOR NAME (PRINT)	PHONE	DATE