

**FALLS HAZARD ASSESSMENT - To be completed when working at 3 metres or more**

Location:	Date of Assessment:
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**Fall Hazards Identified:**

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| <input type="checkbox"/> Tripping Hazards<br><input type="checkbox"/> Uneven Surfaces<br><input type="checkbox"/> Slippery Surfaces<br><input type="checkbox"/> Weather<br><input type="checkbox"/> Traffic<br><input type="checkbox"/> Working over Water | <input type="checkbox"/> Working over hazardous substance<br><input type="checkbox"/> Working over hazardous surface<br><input type="checkbox"/> Other: |
|--|---|

**Fall Hazard Assessment Checklist**

	YES	NO	N/A
Can an employee enter the area without restriction and perform the work?			
Are fall prevention systems such as guardrails or personal safety nets in place?			
Have slipping and tripping hazards been removed or controlled?			
Have visual warnings of fall hazards been installed?			
Does the location contain and other recognized safety and or health hazards?			
Are any permanently installed floor coverings, grates or hatches missing?			
Can the distance a worker could fall be reduced by installing platforms or nets?			
Is the location exposed to environmental conditions?			
Would other contractors, visitors or general public be within or near the work location?			
Can access to the location be controlled to maintain security and safety?			
Have anchor points been identified, designated and load tested?			
Is the space designated as a confined space?			

<b>Assessment Information</b>	<b>Comments/Recommendations</b>
Total Potential Fall Distance:	
Number of workers involved:	
Proof of training available:	
Frequency of tasks:	
Hierarchy of controls reviewed:	
Training Requirements:	
PPE Required:	
List safe work procedures reviewed:	
Rescue Plan reviewed:	

**AUTHORIZATION**

I certify that a fall hazard assessment of the above designated area has been completed and the findings have been documented and communicated to everyone working in the area.

Name of competent person:	Signature:
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Title:	Date:	Time:
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