| **Section 3**  | **Personal Protective Equipment****Hazard Assessment** |
| --- | --- |
| **Form 6** |
| **FALL HAZARDS** | [ ]  **N/A** | [ ]  **YES** | [ ]  **NO** |
| Does your employee(s) perform tasks, or work near employees who perform tasks, which produce any of the following hazards: |
| Roof or Elevated Surface 4ft. above ground or lower level | Max. Working Height:  | [ ]  YES | [ ]  NO |
| Roof or Elevated Surface 4ft. above a hazard | Max. Working Height:  | [ ]  YES | [ ]  NO |
| Unprotected sides and edges |   | [ ]  YES | [ ]  NO |
| Unprotected opening (wall opening, hole, skylight, etc.) |   | [ ]  YES | [ ]  NO |
| Roofing Work |   | [ ]  YES | [ ]  NO |
| Roof Type:  | [ ]  Flat [ ]  Sloped | [ ]  YES | [ ]  NO |
| Roof Slope (if applicable): |  (degrees or ratio) | [ ]  YES | [ ]  NO |
| Proximity to powerlines (if applicable): |  (feet) | [ ]  YES | [ ]  NO |
| **Utilize or work at or around any of the following:** | [ ]  **YES** | [ ]  **NO** |
| [ ]  Ladder Use | [ ]  Aerial/Scissor Lift | [ ]  Skylight | [ ]  Falling Objects/ Debris |
| [ ]  Wall Opening | [ ]  Roof Opening | [ ]  Floor Opening | [ ]  Sharp Edges |
| [ ]  Elevator Shaft | [ ]  Mobile Platform | [ ]  Excavation/Trench | [ ]  Dangerous Equipment |
| [ ]  Stairways | [ ]  Scaffold | ☐ Other (*specify*):  | ☐ Other (*specify*):  |
| **Controls in Place** |
| [ ]  Guardrail System (*specify*):  | [ ]  Skylight Guards/Screens | [ ]  Covers | [ ]  Signage/Warning Signs |
| [ ]  Toeboards | [ ]  Safety Net System | [ ]  Catch Net | [ ]  Barricades |
| [ ]  Warning Line System | [ ]  Safety Monitor(s) | ☐ Other (*specify*):  | ☐ Other (*specify*):  |
| **PPE Requirements**  |
| [ ]  Fall Restraint | [ ]  Fall Arrest | [ ]  Full Body Harness | [ ]  Gloves (*specify*):  |
| [ ]  Vertical Lifeline | [ ]  Lanyards | [ ]  Rope Grab | [ ]  Eye Protection/ Safety Glasses |
| [ ]  Horizontal Lifeline | [ ]  Decelerating Device | [ ]  Anchors | [ ]  Hard Hats |
| [ ]  Other (*specify*):  | ☐ Other (*specify*):  | ☐ Other (*specify*):  | ☐ Other (*specify*):  |
| **Additional Comments:**  |
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