

Fall Hazard Assessment Form

Vanderbilt trained competent persons must use this form to assess work involving fall hazards of 4 feet or more in height involving Vanderbilt employees. Submit this completed form to osh@vanderbilt.edu for review and approval.

For questions, contact Occupational Safety and Health at osh@vanderbilt.edu.

Use only one Fall Hazard Assessment Form per task or project.

Building & Location:			Date(s) of Work:						
Scope of Work:			Department or Unit:						
Area Type	Y	N	Area Access	Y	N	Reason for Access	Y	N	
Building Rooftop			Stairs			Electrical			
Work Platform			Fixed Ladder			Mechanical			
Ceiling/Overhead Area			Portable Ladder			Repairs			
Floor/Wall Opening			Ceiling			Cleaning			
Pipe Chase/Utility Shaft			Door			Preventative Maintenance			
Other:			Vertical/Horizontal Hatch			Work with Contractors			
Fall Distance/Height of Work:		ft.	Other:			Other:			
Potential Hazards	Y	N	Potential Hazards	Y	N	Potential Hazards	Y	N	
Sloping/Unstable Surfaces			Hidden Drop-Offs			Floor Openings/Skylights/Manholes			
Slip/Trip Hazards			Moving Parts			Wall Openings			
Difficult Access			Low Light			Weather (e.g., High Wind, Rain, Lightning)			
Leading-Edge Work			Protruding Objects			Other:			
Roof Work Location	Y	N	Requirements			Controls			
Within 15 ft. of an unprotected edge			Must use guardrails, fall restraint, or personal fall arrest system.			Guardrail System/Parapets			
						Covers			
			Must use guardrails, fall restraint, or personal fall arrest system, or , for infrequent/temporary work, may use a work rule prohibiting workers from going within 15 ft. of unprotected edges.			Fall Restraint			
More than 15 ft. from an unprotected edge						Fall Arrest			
						Designated Area (specify details in comments)			
						Work Rule (specify communication in comments)			
			Other:			Other:			
Personal Fall Arrest Equipment	Y	N	Personal Fall Arrest Equipment	Y	N	Falling Object Controls			
Temporary Anchor			Shock-Absorbing Lanyard (SAL)			Housekeeping			
Permanent Anchor			Self-Retracting Lifeline (SRL)			Toe boards			
Mobile Fall Protection Cart			SRL-Leading Edge (SRL-LE)			Net/Screen/Canopy			
Horizontal Lifeline			Full-Body Harness			Barricade			
Lifeline/Rope Grab			Other:			Relocate Equipment/Tools			
Restraint Lanyard			Other:			Other:			
Rescue Plan	Y	N	Critical Rescue Factors						
Self-Rescue			Detail any additional rescue plans, procedures, or factors that may affect rescue below: (e.g., anchor locations, potential landing areas, obstructions or other hazards)						
Portable Ladder									
Mobile Elevated Work Platform									
Fire Department (911)									
Determination				Y	N	Reason for Declination (if applicable)		Y	N
If "Yes," work may proceed with above-selected controls and equipment. If "No," select the reason(s) to the right or specify below:						Equipment Needed			
						Training Needed			
						Certification/Inspection Needed			
						Rescue Plan Needed			
Additional Comments									
Authorization									
Department Competent Person		(print)			(sign)			(date)	
EHS Representative		(print)			(sign)			(date)	