FALL PROTECTION/FALL ARREST – APPENDIX A
WORKSITE FALL HAZARD/HAZARDOUS MATERIALS CHECKLIST

Department Supervisor: Log potential fall hazards and hazardous materials in the spaces below. Cite appropriate engineering and administrative controls for each hazard.

1. GENERAL INFORMATION:

Department/Work group: _____

Department Manager/Supervisor:_____

DATE OF SUMMARY: _____

2. FALL HAZARDS AND HAZARDOUS MATERIALS

Location	Activity	Fall Hazard	Hazardous Material

3. FALL PROTECTION ENGINEERING CONTROLS:

4. COMMENTS/RECOMMENDATIONS

The above information is accurate to the best of my knowledge:

_____	_____	_____
Date	***Supervisor Name (Printed)***	***Signature***