



Worksite: \_\_\_\_\_ Instructor: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## Topic C660: Fall Protection Checklist

**Introduction:** Careful planning, preparation, assessment of the work-site for fall hazards, and the selection of appropriate protective systems must be provided and installed before any employees may begin work. Following is a fall protection checklist to utilize before working at heights:

- ☐ Safety factor
- ☐ Safety monitoring system
- ☐ Fall-protection plan
- ☐ Fall-restraint system
- ☐ Qualified person
- ☐ Anchor
- ☐ Body harness
- ☐ Connector
- ☐ Carabiner
- ☐ Deceleration device
- ☐ Self-retracting lifeline/lanyard
- ☐ D-rings
- ☐ Equivalent
- ☐ Horizontal lifeline
- ☐ Lanyard
- ☐ Rip stitch lanyard
- ☐ Shock-absorbing lanyard
- ☐ Special woven lanyard
- ☐ Lifeline
- ☐ Rope Grab
- ☐ Sag angle
- ☐ Snap hook
- ☐ Tie off
- ☐ Tie-off adapter/beam connector
- ☐ Vertical lifeline

- ☐ Controlled decking zone
- ☐ Chain positioning assembly
- ☐ Barricades
- ☐ Controlled-access zone
- ☐ Cover
- ☐ Guardrail system
- ☐ Vertical barriers
- ☐ Ledger board (stringer)
- ☐ Midrail
- ☐ Platform
- ☐ Putlog
- ☐ Roof brackets
- ☐ Side guards
- ☐ Safety net system
- ☐ Scaffold
- ☐ Suspended scaffold
- ☐ Toeboard
- ☐ Warning/barrier lines
- ☐ Warning line system

### Fall Hazard Checklist

Hazard	Yes	No
Hoist Areas	<input type="checkbox"/>	<input type="checkbox"/>
Holes	<input type="checkbox"/>	<input type="checkbox"/>
Formwork	<input type="checkbox"/>	<input type="checkbox"/>
Rebar	<input type="checkbox"/>	<input type="checkbox"/>
Runways	<input type="checkbox"/>	<input type="checkbox"/>
Excavations	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Overhand Bricklaying	<input type="checkbox"/>	<input type="checkbox"/>
Floor Joists and Trussing	<input type="checkbox"/>	<input type="checkbox"/>
Erecting Exterior Walls	<input type="checkbox"/>	<input type="checkbox"/>
Roof Trussing	<input type="checkbox"/>	<input type="checkbox"/>
Roof Sheathing	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>
Wall Openings	<input type="checkbox"/>	<input type="checkbox"/>
Falling Objects	<input type="checkbox"/>	<input type="checkbox"/>

### Fall Protection Systems

	N/A	Installation	Maintenance	Inspection	Disassembly
Guardrail Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Fall Arrest Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Net Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled-Access Zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Brackets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fences and Barricades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety-Monitoring Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Employee Attendance:** (Names or signatures of personnel who are attending this meeting)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

These guidelines do not supersede local, state, or federal regulations and must not be construed as a substitute for, or legal interpretation of, any OSHA regulations.