| **Section 2b** | | **Hazard Assessment Questionnaire** | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Form 2** | |
| **ROOFING WORK AND MAINTENANCE** | | | | **N/A** | **YES** | **NO** |
| Does your employee(s) perform any of the following tasks: | | | |
| 1 | Roof or Elevated Surface 4ft. above ground or lower level. | | Max. Working Height: | | YES | NO |
| 2 | Roof or Elevated Surface 4ft. above a hazard. | | Max. Working Height: | | YES | NO |
| 3 | Unprotected sides and edges. | |  | | YES | NO |
| 4 | Unprotected opening (wall opening, hole, skylight, etc.). | |  | | YES | NO |
| 5 | Roofing Work | |  | | YES | NO |
| 6 | Roof Type:  Flat  Sloped | | (degrees or ratio) | | YES | NO |
| 7 | Proximity to powerlines (if applicable): | | (feet) | | YES | NO |
| 8 | Other (*specify*): | | | | YES | NO |
| **Additional Comments:** | | | | | | |
|  | | | | | | |