| **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:** | | | | | | | | |
|  | | | | | | | | |