| **Section 2b**  | **Hazard Assessment Questionnaire** |
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| **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:**  |
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