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APPENDIX

FALL PROTECTION & WALKING WORKING SURFACES PROGRAM

**MEEK'S, HOMEWOOD and
BETTER BUILT TRUSS LOCATIONS**

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FALL HAZARD EVALUATION FORM

Company Name:	Date:		
Printed Name of Evaluator:	Signature of Evaluator:		
Job/Task/Area to be Evaluated:			
*Please place a check mark in the YES or NO column when conducting the assessment			
Height Requirement	Yes	No	Comments
Does this job require employees to work at heights above 4 or 6 feet?			
Note: if the answer is "no" this evaluation is complete and the job/task does not need to be included in the facility fall protection program. If the answer is "yes" proceed to the next set of questions.			
Evaluation Areas	Yes	No	Comments
Does the job require employees to work outside an approved guardrail?			
Does the job involve employees using aerial (boom style) lifts?			
Does the job involve employees using an order picker or cherry picker to gain access to upper rack levels?			
Does the job involve employees getting within storage racks?			
Does the job require an employee to work on a roof structure that is not protected by standard railings?			
Does the job require an employee to work on top of equipment (boilers, furnaces, conveyors and presses, etc.) where they are not protected from a potential fall?			
Does the job involve working over chemical tanks, open pits, or dangerous equipment?			
Does the job involve performing work on water towers, product tanks, silos, pipe racks, presses, and/or floor pits where they are not protected from a potential fall?			
Does the job involving working on top of cranes to perform maintenance where they are not protected from a potential fall?			
Does the job involve work where the employee is exposed to holes, chutes, temporary openings or open ladderways where there is potential to fall?			
Does the job involve getting on top of tanker trucks where they are not protected from a potential fall?			
Does the job involve getting on top of flatbed trailers where they are not protected from a potential fall?			
Does the job involve getting on top of railcars where they are not protected from a potential fall?			
Is work being performed from a ladder where the employee is not able to maintain 3-points of contact?			
Other?			
NOTE: If any of the evaluation area answers above were "yes" then the task needs to be added to the fall protection program and appropriate fall protection must be established for the job prior to it being performed by company employees.			



WALKING-WORKING SURFACES INSPECTION FORM

Facility:		Inspector:	
Location or Area:		Date:	
Please add a checkmark to either the "OK" or "Action Required" column			
HOUSKEEPING	OK	Action	Comments:
Cleanliness & Organization - surfaces are clean, orderly and sanitary condition			
Floors - clean, dry; wet processes have proper drainage or dry standing location			
Access and Egress - safe means of egress is available in all locations			
STAIRS	OK	Action	Comments:
Handrails – in place, no damage			
Landings – no storage, clear and unobstructed			
Stairs – Uniform rise and tread height, no trip hazards (loose boards or carpeting)			
Warnings - Use handrail signage (recommendation)			
Railings – 3 treads, 4 risers have proper handrail, protection on landing edges above 4 ft			
LADDERS & PLATFORMS	OK	Action	Comments:
Ladders General – rungs are slip and skid resistant			
Portable Ladders – inspected, free from damaged, used properly, stored properly			
Ladders Fixed – Free from damage, cage or other fall protection, proper landing (step across distance, side rails)			
Mobile Ladder Stands – inspected, handrails, no damaged, used, stored properly, >4'10" handrails and mid-rails, minimum of 16" width for steps			
Work Platforms – slip resistant surfaces, free from damage, stable – does not move when stepping on to it, railings if > 4'10", toe boards if over 10'			
Loading Areas – Proper protection provided (railings, toe-boards, personal fall arrest system, designated area)			
FALL PROTECTION	OK	Action	Comments:
Railings – provided in areas above 4 ft, (42' +/-3), mid-rail and toe board in place, smooth surface on railings			
Hoist/Unprotected Edge – area designated, process established for approaching gates & leading edges			
Personal Fall Protection System – harness, fall arrest equipment are in place and utilized when necessary			
Personal Fall Protection System – worn properly, inspected and stored properly			
OTHER/MISC.	OK	Action	Comments:
Name & Signature of Inspector:		Date: ____ / ____ / ____	



FALL ARREST EQUIPMENT INSPECTION FORM

Equipment Make and/or Style:	Inspector:		
Mfg. Date or Date of Service:	Date:		
Serial # or Identifier:			
Please add a checkmark to either the "OK" or "Action Needed" column			
Anchor Point	OK	Action Needed	Comments
All attachment points are secure, not bent, or distorted			
All attachment hardware is functioning properly and is compatible			
Anchor point is approved and capable of supporting a dead weight of 5,400 lbs.			
Fall Limiter (SRL)	OK	Action Needed	Comments
Check for loose fasteners and bent or distorted parts			
Check the retraction tension by pulling the lanyard slowly and allow it to retract			
Test the fall limiter brake by pulling lanyard quickly			
Ensure the manufacturer's tag is visible and legible			
Lanyard (SAL)	OK	Action Needed	Comments
Check webbing for any cuts, fraying, or loose stitching			
Check to ensure it was not deployed (warning flag visible)			
Check condition of hook and attachment points			
Test operation of snap-hook for double-locking mechanism			
Ensure the manufacturer's tag is visible and readable			
Harness	OK	Action Needed	Comments
Check webbing of the harness for cuts, fraying, discoloration or loose stitching			
Check harness for overall condition, distortion, cuts, breaks or sharp edges			
Inspect buckles for cracks, damage or unusual wear			
Ensure the manufacturer's tag is visible and readable			
Ensure the harness is within the useful life recommended by the manufacturer			
DO NOT USE DEFECTIVE HARNESS OR LANYARD			
Signature of Inspector:	Date:		

