

5.4 SAMPLE FALL-HAZARD SURVEY REPORT For Specific Work Location

General information

Activity/Command: _____ Page # _____

Building/Facility # _____ Date: _____

Department: _____

Work Area: _____

Survey Conducted by: _____

Accompanied by: _____

Survey Data

- Fall-Hazard Zone and Type (Description): _____
- Work Location: _____
- Personnel interviewed: _____
- Applicable regulations/Standards: _____
- Type of work performed: _____
- How close is the person to the Fall-Hazard? _____
- Location and distance to obstructions: _____
- Suggested anchorage location, if Fall-Hazard cannot be eliminated or prevented:

- Available clearance and total fall distance: _____
- Number of personnel exposed to Fall-Hazard: _____
- Frequency and duration of exposure: _____
- Exposure rating: High _____ Medium _____ Low _____
- Potential severity of a fall: _____
- Any obstructions in the potential fall path: _____

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- Access or egress to Fall-Hazard area: _____
- Condition of floor or other surfaces: _____
- Review any mishap reports at the facility: _____
- Any chance of slips trips and same level falls: Yes ____ No ____
- Lock-Out/Tag-Out hazard: _____
- Floor/surface condition: _____

• **Identify the presence of:**

- Hot objects: _____
- Sparks: _____
- Flames: _____
- Heat producing objects: _____
- Any electrical/Chemical/RF Transmitter hazards: _____
- Sharp objects: _____
- Abrasive surfaces: _____
- Any moving equipment in the area: _____
- Impact of weather factors: _____
- Other maintenance work environment/issues: _____

• **Suggested Fall Protection Solutions:**

Select two of the following probable solutions

- Guardrails _____
- Safety nets _____
- Fall-arrest system _____
- Travel Restraint system _____
- Work positioning system _____
- Horizontal lifeline system/Single anchor vertical lifeline _____
- Aerial lift equipment/work platforms _____
- Warning line system/Designated Area Method _____
- Climbing Ladder Fall-Arrest System _____
- Raising/lowering devices _____
- Covers _____

If fall-arrest/restraint/work positioning/Horizontal lifeline/Single Anchor Vertical Lifeline system is selected:

- Anchorage(s) location (if any): _____
- Can rescue be performed if required: _____
- Type of rescue: _____

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- Any potential swing Fall-Hazards: _____
 - Is the end-user properly trained: Yes ____ No ____
 - Other factors: _____
 - Fall-Hazard assessment per OPNAVINST 5100.23 Series, chapter 13, or NAVMC DIR 5100.8.
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- Any additional information:
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- Drawings/Sketches/Photos

- Prepared by: _____

- Approved by: _____

Note:

The above sample survey report is for a single Fall-Hazard location. For a complete survey report at a building, facility, or activity, develop a summary table for all Fall-Hazards and attach the specific survey reports to it.

End of Section