

## COMPETENT PERSON EVALUATION / PROJECT INFORMATION

Evaluation Conducted by	Project	Date Issued
Subcontractor	Subcontractor Phone	End Date (1 week max)

## SCOPE OF WORK / DESCRIPTION OF ACTIVITY

What tasks and work areas are associated with the hazards? Identify the equipment, materials, and processes addressed by this analysis.

## HAZARDS AND CONTROLS

What is the fall distance/exposure to the next lower level? What controls have been established (guardrails, PPE, etc.)?

**If the work cannot be performed as defined in this analysis, or if unexpected conditions are encountered, stop work and review with the competent person. Additional hazard controls may be warranted.**

## FALL HAZARD ANALYSIS AND BRIEFING CHECKLIST INSTRUCTIONS

Use this checklist in your evaluation and as the talking points in the daily briefing to identify the controls established for the elevated work. The briefing and checklist requirements must be reviewed, verified and communicated to the workers on a daily basis, prior to the start of work daily. If the scope of work or location changes reevaluation by the Competent Person is required.

### 1. Identify all fall hazards:

<input type="checkbox"/> Roof Work (within 15 feet of edge)	<input type="checkbox"/> Unprotected Stairways	<input type="checkbox"/> Ladders (portable or fixed)
<input type="checkbox"/> Roof penetration or Skylight (work within 15 ft of unprotected opening)	<input type="checkbox"/> Wall or floor openings (work within 6 ft of unprotected wall or floor opening)	<input type="checkbox"/> Aerial lifts, Scissor lifts and elevating work platforms
<input type="checkbox"/> Scaffold erection / disassembly	<input type="checkbox"/> Leading edge	<input type="checkbox"/> Steel erection
<input type="checkbox"/> Other Describe:		

### 2. Method of fall protection to be provided:

<input type="checkbox"/> Passive (guardrail or hole cover)	<input type="checkbox"/> Fall Restraint	<input type="checkbox"/> Ladder Safety Device
<input type="checkbox"/> Positioning System	<input type="checkbox"/> Personal Fall Arrest (PFAS)	<input type="checkbox"/> Warning Lines
<input type="checkbox"/> Comment:		

### 3. Fall Protection Equipment required (OSHA and ANSI compliant), if applicable:

<input type="checkbox"/> Anchorage Connector	<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> Restraint Lanyard
<input type="checkbox"/> Shock Absorbing Lanyard	<input type="checkbox"/> Self Retracting Lanyard (SRL)	<input type="checkbox"/> Leading Edge SRL
<input type="checkbox"/> Twin Leg Lanyard	<input type="checkbox"/> Rope Grab	<input type="checkbox"/> Safety Nets

NOTE: The Competent Person must confirm system selection and compatibility.

### 4. What anchor are you using?, if applicable

### 5. Identify the method of falling object protection below the elevated work:

<input type="checkbox"/> Guardrails / Barricades	<input type="checkbox"/> Snow Fence or Mesh	<input type="checkbox"/> Toeboards
<input type="checkbox"/> Hard Hats Required	<input type="checkbox"/> Warning Lines	<input type="checkbox"/> Danger Tape
<input type="checkbox"/> Caution Tape	<input type="checkbox"/> Warning Signs	<input type="checkbox"/> Attendant Posted
<input type="checkbox"/> Tool Tethers or Lanyards	<input type="checkbox"/> Other Describe:	

## FALL PROTECTION JHA and RESCUE PLAN

<b>RESCUE PLAN</b>		
<b>Contacts</b>	<b>Rescue Equipment</b>	<b>Critical Rescue Factors</b>
Competent Rescuer(s):	<input type="checkbox"/> Ladder <input type="checkbox"/> Rescue Pole <input type="checkbox"/> Rescue Rope <input type="checkbox"/> Scaffold <input type="checkbox"/> Crane	Where is an anchor point for rescue?
<b>FOR EMERGENCY RESCUE CALL CHARLOTTESVILLE FIRE DEPARTMENT 911</b>	<input type="checkbox"/> Aerial Lift <input type="checkbox"/> Alternative lifting & lowering device	Where is Landing Area?
Emergency Contact(s): <b>911 should be your 1st call!</b>	<input type="checkbox"/> First Aid Kit <input type="checkbox"/> Life Ring	Are there any Rescue Obstructions or Hazards?
<b>Method of Contact</b>	<b>Location of Equipment</b>	
<input type="checkbox"/> PA <input type="checkbox"/> Verbal / Face to Face <input type="checkbox"/> Radio Channel _____ <input type="checkbox"/> Phone _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Jobsite <input type="checkbox"/> Gang Box <input type="checkbox"/> Tool Box <input type="checkbox"/> Other	
<b>Check for YES</b>		<b>Comments</b>
<input type="checkbox"/> Have alternatives to using fall arrest equipment been considered?		_____
<input type="checkbox"/> Has rescue equipment been inspected and in good shape?		_____
<input type="checkbox"/> Is equipment adequate for the rescue plan?		_____
<input type="checkbox"/> Have communication devices been identified, located, and tested?		_____
<input type="checkbox"/> Are all rescuers familiar with the use of the rescue equipment?		_____
Describe the tasks that will be done prior to work to prevent a fall and the step-by-step process to be followed in the event of a fall.		
<b>Pre-Work Tasks</b>	<b>Response Procedure</b>	
1. _____	1. Call 911	
2. _____	2. Rescue	
3. _____	3. Medical assessment of person	
4. _____	4. If possible have employee perform self rescue	
5. _____	5. _____	
6. _____	6. _____	