



## Fall Protection and Safety Barrier Audit Checklist

1	Mezzanines 1910.28(b)(13)(i)/19.10.28(b)(3)(iv)	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Are there unprotected ladders leading up to the mezzanine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Does the mezzanine have a loading area that is unprotected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is there a mezzanine without guardrail surrounding it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Does the mezzanine need toe board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Loading Dock 1910.28(b)(13)(i)	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	When no truck is on the dock, is there an unprotected edge greater than 4'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are workers exposed to a fall greater than 4' while loading and unloading the truck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Ladders 1910.23	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Does the facility have any ladders without self-closing gates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Does the facility have any "ships ladders" or steep staircases (greater than 50-degree slope) without fall protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are there any staircases at the top of which there are common work activities taking place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Floor Openings 1910.28(b)(13)(i)/1910.21(a)(2)	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Are there any floor openings greater than 12" in diameter with no protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	If a floor opening with a cover exists, are there areas where temporary fall protection measures are not used (guardrail or safety monitor) when the cover is open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Elevated Work Platforms 1910.28(b)(13)(i)	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Does the facility contain platforms greater than 4' upon which work needs to be completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are there platforms greater than 4' without guardrail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Do the platforms need a toe board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	If accessed by a ladder, are there ladders without fall protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	If the platform is lower than 4', does the worker spend a significant amount of time with his back to the entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>6</b>	<b>Working on Top of Equipment 1910.28(b)(13)(i)</b>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Are workers required to work on top of any equipment greater than 4' in height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Do workers access the top of this equipment without fall protection (overhead tie-off, railing, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is gaining access to the top of the equipment unsafe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	<b>Skylights 1910.28(b)(3)(i)</b>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Does the roof have any skylights, rooflights or domelights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are they lacking protection by guardrails or screens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<b>Roof Edges 1910.28(b)(13)</b>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Is work being performed at 6' or less from the roof edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is the worker protected from falling by a guardrail or parapet of less than 42" without a fall restraint system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is a policy regarding going within 15' of roof edge without fall protection lacking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Can we eliminate the need to send people close to the edge by using a crossover or walkway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	<b>Access Paths General Duty Clause 5(a)(1)</b>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Is there a need for crossover bridges or work platforms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	<b>Roof Access 1910.28(b)(13)(iv)</b>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	If the roof is accessed by a hatch, does the hatch lack a guardrail surrounding it and a self-closing gate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is the roof accessed by a ladder without a self-closing gate at the top?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	<b>Unprotected Electrical Panels 1910.303(g)(2)(ii)</b>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Are electrical panels in an area where they could be damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is the barrier less than 30" away (minimum) from the electrical panel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	<b>Machine Guarding 1910.212(a)(1)</b>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Is there dangerous equipment that people could come in contact with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are there guards or barriers on equipment that do not require workers to use a lockout/tag out procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b>	<b>Access Paths and Authorized Personnel Areas</b>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a.	Are there access paths through the warehouse that are not clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are there heavy traffic areas where sufficient physical barriers between pedestrians and vehicles (such as forklifts) do not exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are there restricted access areas where a barrier and gate with appropriate signage informing visitors of the restricted area are missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector:	Customer:	Date:
------------	-----------	-------