



## Falls From Different Levels Checklist

Label	

Conduct a Hazard Assessment/Inspection of the work area to identify the problem areas

YES	NO	N/A	Are walk surfaces (stairs & steps) free of damages or other trip hazards?
YES	NO	N/A	Do you have stairs, steps, mezzanines, loading docks, etc.?
YES	NO	N/A	Are guardrail & toe-board systems in place?
YES	NO	N/A	Are work areas neat/orderly and free of trip hazards?
YES	NO	N/A	Is product safely stored & secured?

Inspect the equipment

YES	NO	N/A	Are ladders in safe conditions?
YES	NO	N/A	Were forklifts inspected pre-shift?
YES	NO	N/A	Were scissor lifts inspected?

Training

YES	NO	N/A	Was initial training provided?
YES	NO	N/A	Are there periodic trainings? (weekly, bi-monthly, etc.)
YES	NO	N/A	Has post incident/accident training been completed?
YES	NO	N/A	Has back injury prevention training been completed?
YES	NO	N/A	Has forklift training been completed?
YES	NO	N/A	Has hazard recognition training been completed?
YES	NO	N/A	Has ALL training been documented and filed?