SEMINAR AGENDA

EFFECTIVE FALL PROTECTION PROGRAMS

BY THOMAS KRAMER, P.E., C.S.P. – LJB INC.

DAY ONE

SESSION 1: INTRODUCTION (60 MINS)

1. Welcome & Introduction
2. Myth vs. Fact
3. Fall Protection Overview
   - > Statistics
   - > Overview of regulations and standards
   - > Core elements of a fall protection program

SESSION 2: THE STATE OF WORKING AT HEIGHT TODAY (45 MINS)

1. Background
2. Evolving standards
   - > ANSI Z359 Fall Protection Code
3. Equipment advances
4. Prevention through Design

SESSION 3: EQUIPMENT COMPONENTS (45 MINS)

1. Full-body harness
2. Connecting components
3. Energy absorbers and lanyards
4. Self-retracting lanyards (SRLs)
5. Climbing systems
6. Vertical lifelines
7. Horizontal lifelines (HLLs)
8. Anchorage connectors

SESSION 4: EQUIPMENT USE, LIMITATIONS & INSPECTION (30 MINS)

1. Personal Protective Equipment – Equipment Use and Limitations
   - > Equipment limitations
   - > Video

2. Personal Protective Equipment – Equipment Inspection
   - > Inspection logs
   - > Damage and deterioration
   - > Video

SESSION 5: EQUIPMENT CONSIDERATIONS (60 MINS)

1. Anchorages
   - > Regulations and standards
   - > Types
   - > System elements
   - > Exercise

2. Fall clearance distances
   - > Swing fall
   - > Free fall distance
   - > Total fall distance
   - > Clearances
   - > Exercise

3. Fall protection rescue
   - > Regulatory requirements
   - > Prompt rescue
   - > Exercise

SESSION 6: FALL PROTECTION SURVEYS (60 MINS)

1. Fall Hazard Surveys
   - > Process
   - > Exercise

SESSION 7: WALKING/WORKING SURFACES & ACCESS DEVICES (60 MINS)

1. Fall Prevention and Protection – Walking/working surfaces and access devices
   - > Platforms
   - > Holes and covers
   - > Guardrail

- Ramps, stairs and ladders
- Video

SESSION 8: WORK AT ELEVATION (60 MINS)

1. Roof work
   - Low slope and steep
   - Hoist areas
   - Holes
   - Exercise

2. Lifts and Scaffolding
   - Types
   - Platform requirements
   - Vacating (or entering) an aerial lift
   - Exercise

SESSION 9: CLOSING (60 MINS)

1. Conclusion
   - Action steps
   - Course evaluation
   - Thank you and closing

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MANAGED FALL PROTECTION

TASKS

- Task 1: Fall Protection Regulations and Standards
- Task 2: Evaluate Your Managed Fall Protection Program Against the Elements Defined in ANSI/ASSE Z359.2-2017

MATERIALS NEEDED

- **Session 1 and Session 2 material**

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TASK 2: FALL PROTECTION REGULATIONS AND STANDARDS

Task Instructions
Place a checkmark in the **Yes**, **No**, or **Don't Know** column next to each item in the table below. If you check **No** or **Don't Know**, list at least one action you should take in your organization relative to the item.

Item	Yes	No	Don't Know	Actions
1. **HEIGHT THRESHOLDS** Does your organization follow the appropriate fall protection height threshold?				
2. **ACCESS TO REGULATIONS** Do you know how to access the regulations pertaining to fall protection?				
3. **ACCESS TO ANSI STANDARDS** Do you have access to ANSI standards for fall protection?				
4. **ACCESS TO EN STANDARDS** Do you have access to EN standards for fall protection?				

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TASK 2: EVALUATE YOUR MANAGED FALL PROTECTION PROGRAM AGAINST THE ELEMENTS IN ANSI/ASSE Z359.2-2017

Task Instructions
Place a checkmark in the **Yes**, **No**, or **Don't Know** column next to each item in the table below. If you check **No** or **Don't Know**, list at least one action you should take in your organization relative to the item.

Item	Yes	No	Don't Know	Actions
1. **POLICY STATEMENT** Does your organization have a managed fall protection policy statement?				
2. **EMPLOYER RESPONSIBILITIES** Does your organizational leadership dedicate resources for the fall protection program?				
3. **PROGRAM ADMINISTRATOR** Has your organization identified a fall protection Program Administrator?				
4. **QUALIFIED PERSON** Does your organization have access to a fall protection Qualified Person?				
5. **COMPETENT PERSON(S)** Has your organization assigned an appropriate number of fall protection Competent Persons?				
6. **AUTHORIZED PERSON(S)** Has your organization identified workers who use fall protection systems as Authorized Persons?				

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Item	Yes	No	Don't Know	Actions
7. **RESCUERS** Does your organization have access to Competent and Authorized Rescuers (if necessary)?				
8. **TRAINERS** Does your organization have access to fall protection trainers (if necessary)?				
9. **TRAINING NEEDS** Has your organization identified training needs based on your specific hazards?				
10. **TRAINING DOCUMENTATION** Is your organization's fall protection training documented?				
11. **RETRAINING** Is the training for your Competent Persons and Authorized Persons current (i.e., within 2 years)?				
12. **SURVEY** Has your organization conducted a complete fall hazard survey?				
13. **PROCEDURES** Does your organization have written use and rescue procedures for all active fall protection systems?				
14. **NEW FACILITIES** Does your organization consider fall protection during new facility design?				
15. **SYSTEM DESIGN** Have all of your fall protection systems been designed by a Qualified Person?				

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Item	Yes	No	Don't Know	Actions
16. **ANCHORAGE USE** Have all of your anchorages been certified by a Qualified Person, or have non-certified anchorages been identified by a Competent Person?				
17. **EQUPMENT INSPECTION, MAINTENANCE, AND STORAGE** Is your equipment inspected before each use by the Authorized Person, and as appropriate by the Competent Person?				
18. **RESCUE SERVICES** Do you have a plan for summoning external rescue services (if necessary)?				
19. **INCIDENT INVESTIGATION** Are all your fall incidents investigated?				
20. **PROGRAM EVALUATION** Is your fall protection program evaluated every 2 years?				

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ACTIVE FALL PROTECTION SYSTEM EQUIPMENT

TASKS

- Task 1: Demonstrate Proper Use of a Body Support Device (harness)
- Task 2: Describe Use and Limitations of Connecting Means
- Task 3: Identify Anchorage Requirements

MATERIALS NEEDED

- **Session 3, Session 4, Session 5**
- **Sample Equipment Components** – Provided by facilitator

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TASK 1: DEMONSTRATE PROPER USE OF BODY SUPPORT DEVICE

Task 1a. Instructions
Complete each of the tasks detailed in the table below. Be prepared to explain the results of each evaluation to your instructor.

Place an "X" in the table as you identify each of the four components of your assigned full-body harness.

Dorsal Attachment	Sternal Attachment (if present)	Shoulder Straps	Leg / Thigh Straps

Place an "X" in the table under each acceptable location for the four use types listed.

Use	Location		
	Dorsal	Sternal	Frontal
Fall Arrest			
Travel Restraint			
Work Positioning			
Rescue			

Place an "X" in the table indicating if the label provides information about the label's date placed in service, conformance with ANSI Z359.11, and weight capacity.

Label Information	Yes	No	Not Sure
Date Placed in Service			
ANSI Z359.11 Conformant			
Weight Capacity			

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Task 1b. Instructions
Team up with at least one classmate, and complete the steps detailed in the tables below. Be prepared to demonstrate harness fit to your instructor.

Task	Complete (X)
Inspect	
Don	
Position and secure	
Evaluate	

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TASK 2: DESCRIBE USE AND LIMITATIONS OF CONNECTING MEANS

Task
Complete the evaluation of your assigned component(s) following the instructions in the tables below. Be prepared to explain your evaluation to your instructor.

Use the table to document a brief description of the component's use and at least one restriction or limitation of the component.

Component	Use	Restrictions/Limitations

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TASK 3: IDENTIFY ANCHORAGE REQUIREMENTS

Task 3
Identify the anchorage requirements for the use scenario provided by your instructor. Follow the instructions in the table below. Be prepared to explain your evaluation to your instructor and the class.

Enter the design load ratings for non-certified and certified versions of the anchorages.

Use	Design Load Ratings	
	Non-certified	Certified
Fall Arrest		
Work Positioning		
Travel Restraint		
Horizontal Lifeline		
Rescue		

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FALL PROTECTION EQUIPMENT INSPECTION

TASKS

- Task 1: Conduct anchorage connector formal inspection
- Task 2: Conduct harness formal inspection
- Task 3: Conduct lanyard formal inspection
- Task 4: Conduct self-retracting device formal inspection
- Task 5: Conduct vertical lifeline formal inspection

MATERIALS NEEDED

- **Session 4**
- **Sample Equipment Components** – Provided by facilitator

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TASK 1: CONDUCT ANCHORAGE CONNECTOR/CONNECTOR FORMAL INSPECTION

Task
Complete the steps provided by your instructor. Be prepared to explain the inspection results to the instructor and class.

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FORMAL INSPECTION LOG – ANCHORAGE CONNECTOR/CONNECTOR

Manufacturer: _____ Inspector: _____

Model No.: _____ Inspection Date: ____/____/____

Serial No.: _____ Previous Insp. Date: ____/____/____

Date of Manuf.: ____/____/____ User's Name/Dept.: _____/_____

Type of Material (nylon, polyester, kevlar, other/specify): _____

Description	Assessment (See Key) OK	NG	Comments
Connector Hardware			
Metallic parts (snaphooks, D-rings, O-rings, oval rings, adjusters)			
D-ring			
Snaphook			
Connector locking mechanism			
Connector gate			
Lubrication of twist lock			
Connector frame			
Other:			
Other:			
Other:			
Other:			
Plastic parts			
Labeling			
Other:			
Other:			
Connector Fabric/Synthetic Rope/Wire Rope			
Webbing/Rope			
Abrasion webbing/ webbing protection			
Connector webbing			
Energy absorber			
Energy absorber cover			
Other:			
Other:			
Stitching			
Abrasion webbing/ Webbing protection			
Connector webbing			
Energy absorber			
Energy absorber cover			
Other:			
Other:			

Does the connector state that it meets ANSI Z359.1-2007? **YES** **NO**

Does the connector state that it meets ANSI Z359.12-2009? **YES** **NO**

Does the connector state that it meets ANSI A10.32-2004? **YES** **NO**

Has current inspection date been recorded on inspection tag? **YES** **NO**

Does the facility have Third Party Testing Information on file? **YES** **NO**

Approved for Service? **YES** **NO**

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FORMAL INSPECTION LOG – ASSESSMENT KEY

Description of Part Inspected	Assessment	Comments
Connector Hardware		
No visible change	H0	Signify whether article is acceptable or not acceptable with a suffix as described below: H0 – OK: ACCEPTABLE H2 – NG: NOT ACCEPTABLE DUE TO CORROSION AND/OR PITTING Make diagram on which areas of concern on the equipment can be circled. NG = No Good, requires replacement
Deformed/distorted/fractured/ cut/nicks/broken	H1	
Corroded/pitting	H2	
Wear damage	H3	
Missing/loose/illegible	H4	
Heat exposure/burns	H5	
Chemical exposure	H6	
Burrs/sharp edges	H7	
Malfunction/does not open or close properly	H8	
Other (specify in comments)	H9	
Connector Fabric/Synthetic Rope/Wire Rope		
No visible change	F0	Signify whether article is acceptable or not acceptable with a suffix as described below: F0 – OK: ACCEPTABLE F2 – NG: NOT ACCEPTABLE DUE TO ABRASION AND/OR WEAR Make diagram on which areas of concern on the equipment can be circled. NG = No Good, requires replacement
Cutting/frayed/broken fibers/loose or pulled thread	F1	
Abrasion/wear/fuzziness	F2	
Partially missing/altered	F3	
Burns/heat exposure	F4	
Chemical exposure/writing	F5	
Mold	F6	
Load indicator deployed	F7	
Shock absorber exposed/cover opened	F8	
Shock absorber elongated	F9	
Other (specify in comments)	F15	

No marking in the "Assessment" column on the opposite side implies there was "No Visible Change" and H0/F0 applies to the part inspected.

Equipment shall be removed from service no later than five years from the date of manufacturer.

If the equipment is less than five years old and is NOT APPROVED FOR SERVICE, the equipment shall be immediately taken out of service and forwarded to Plant Safety for analysis and destruction.

If the equipment is involved in a fall incident, the equipment shall be immediately taken out of service and forwarded to Plant Safety for analysis and destruction.

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TASK 2: CONDUCT HARNESS FORMAL INSPECTION

Task
Complete the steps provided by your instructor. Be prepared to explain the inspection results to the instructor and class.

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FORMAL INSPECTION LOG – FULL BODY HARNESS

Manufacturer: _____ Inspector: _____

Model No.: _____ Inspection Date: ____/____/____

Serial No.: _____ Previous Insp. Date: ____/____/____

Date of Manuf.: ____/____/____ User's Name/Dept.: _____/_____

Type of Material (nylon, polyester, kevlar, other/specify): _____

Description	Assessment (See Key) OK	NG	Comments
HARNESS HARDWARE			
Metallic Parts (D-rings, O-rings, Oval Rings, Adjusters, Buckles, Grommets)			
Dorsal D-ring			
Chest D-ring			
Hip D-rings			
Shoulder D-rings			
Torso sizing adjuster			
Tongue buckles			
Friction buckles			
Thigh strap grommets			
Other:			
Other:			
Plastic Parts			
Dorsal D-ring locator			
Strap collars			
Labeling			
Tool belt support clips			
Other:			
HARNESS FABRIC			
Webbing (straps)			
Shoulder straps			
Shoulder strap retainer			
Thigh straps			
Sub-pelvic straps			
Tool belt support			
Other:			
Stitching			
Shoulder straps			
Shoulder straps tips			
Shoulder strap retainer			
Shoulder strap reinf.			
Buckle straps			
Thigh straps			
Thigh straps – edges			
Thigh straps – tips			
Sub-pelvic straps			
Tool belt support			
Other:			

Does the Full Body Harness state that it meets ANSI Z359.1-2007? **YES** **NO**

Does the Full Body Harness state that it meets ANSI Z359.11-2014? **YES** **NO**

Does the Full Body Harness state that it meets A10.32-2004? **YES** **NO**

Has current inspection date been recorded on inspection tag? **YES** **NO**

Does the facility have Third Party Testing Information on file? **YES** **NO**

Approved for service? **YES** **NO**

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TASK 3: CONDUCT LANYARD FORMAL INSPECTION

Task

Complete the steps provided by your instructor. Be prepared to explain the inspection results to the instructor and class.

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FORMAL INSPECTION LOG – SHOCK ABSORBING LANYARDS

Manufacturer: _____ Inspector: _____

Model No.: _____ Inspection Date: ____/____/____

Serial No.: _____ Previous Insp. Date: ____/____/____

Date of Manuf.: ____/____/____ User's Name/Dept.: _____/_____

Type of Material (nylon, polyester, kevlar, other/specify): _____

Description	Assessment (See Key) OK	NG	Comments
Lanyard Hardware			
Metallic parts (snaphooks, D-rings, O-rings, oval rings, adjusters)			
Snaphook (leg 1)			
Snaphook (leg 2)			
Snaphook (leg 3)			
Carabiner			
Adjuster (leg 2/leg 3)			
Swaged fitting			
Thimble			
Hog ring			
Other:			
Other:			
Plastic parts			
Thimble			
Vinyl coating on wire rope			
Labeling			
Other:			
Lanyard Fabric/Synthetic Rope/Wire Rope			
Webbing/Rope			
Lanyard leg (leg 1)			
Lanyard leg (leg 2)			
Lanyard leg (leg 3)			
Splices			
Energy absorber			
Energy absorber cover			
Other:			
Other:			
Stitching			
Lanyard leg (leg 1)			
Lanyard leg (leg 2)			
Lanyard leg (leg 3)			
Energy absorber			
Energy absorber cover			
Splices			
Other:			
Other:			

For twin leg lanyard, does each lanyard have a separate shock absorber?	**YES**	**NO**
Does the lanyard state that it meets ANSI Z 359.1 or Z 359.13	**YES**	**NO**
Does the lanyard state that it meets ANSI A10.32-2004?	**YES**	**NO**
Has current inspection date been recorded on inspection tag?	**YES**	**NO**
Does the facility have Third Party Testing Information on file?	**YES**	**NO**
Approved for service?	**YES**	**NO**

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TASK 4: CONDUCT SELF-RETRACTING DEVICE FORMAL INSPECTION

Task

Complete the steps provided by your instructor. Be prepared to explain the inspection results to the instructor and class.

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FORMAL INSPECTION LOG – SELF RETRACTING LANYARDS

Manufacturer: _____ Inspector: _____

Model No.: _____ Inspection Date: ____/____/____

Serial No.: _____ Previous Insp. Date: ____/____/____

Date of Manuf.: ____/____/____ User's Name/Dept.: _____/_____

Type of Material (nylon, polyester, kevlar, other/specify): _____

Description	Assessment (See Key) OK	NG	Comments
Lanyard Hardware			
Metallic parts (snaphooks, D-rings, O-rings, oval rings, adjusters)			
Snaphook			
Carabiner (if attached)			
Shackle or other attachment mechanism			
Retraction mechanism			
Housing			
Handle (if provided)			
Swaged fitting (if provided)			
Load indicator tab (if provided)			
Other:			
Other:			
Plastic parts			
Vinyl coating on wire rope			
Labeling			
Other:			
Lanyard Fabric/Synthetic Rope/Wire Rope			
Webbing/rope			
Lanyard line			
Splices			
Load indicator tab (if provided)			
Other:			
Other:			
Stitching			
Lanyard line			
Lanyard at snaphook			
Other:			
Other:			

Does the lanyard state that it meets ANSI Z359.1-2007 or Z359.14-2012? **YES** **NO**

Does the lanyard state that it meets ANSI A10.32-2004? **YES** **NO**

Has current inspection date been recorded on inspection tag? **YES** **NO**

Has the SRL been sent to the manufacturer for in-depth inspection, if required? **YES** **NO**

Does the facility have Third Party Testing Information on file? **YES** **NO**

Approved for service? **YES** **NO**

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TASK 5: CONDUCT VERTICAL LIFELINE FORMAL INSPECTION

Task
Complete the steps provided by your instructor. Be prepared to explain the inspection results to the instructor and class.

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FORMAL INSPECTION LOG – VERTICAL LIFELINES

Manufacturer: _____ Inspector: _____

Model No.: _____ Inspection Date: ____/____/____

Serial No.: _____ Previous Insp. Date: ____/____/____

Date of Manuf.: ____/____/____ User's Name/Dept.: _____/_____

Type of Material (nylon, polyester, kevlar, kern mantle, other/specify): _____

Description	Assessment (See Key) OK	NG	Comments
Lifeline Hardware			
Metallic parts (snaphooks, D-rings, O-rings, oval rings, adjusters, fall arresters)			
Fall arrester – housing			
Fall arrester – handle			
Fall arrester – load indicator tab (if provided)			
Fall arrester – moving parts			
Snaphook – vertical lifeline			
Snaphook – lanyard			
Carabiner			
Swaged fitting			
Thimble			
Hog ring			
Adjuster			
Other:			
Plastic parts			
Thimble			
Vinyl coating on wire rope			
Labeling			
Other:			
Lanyard Fabric/Synthetic Rope/Wire Rope			
Webbing/rope			
Vertical lifeline rope			
Lanyard leg			
Splices			
Energy absorber			
Energy absorber cover			
Other:			
Stitching			
Vertical lifeline loops			
Lanyard leg			
Energy absorber			
Energy absorber cover			
Splices			
Other:			

For twin-leg lanyard, does each lanyard have a separate shock absorber? **YES** **NO**

Does the lanyard state that it meets ANSI Z359.1-1992? **YES** **NO**

Does the lanyard state that it meets ANSI A10.32-2004? **YES** **NO**

Has current inspection date been recorded on inspection tag? **YES** **NO**

Does the facility have Third Party Testing Information on file? **YES** **NO**

Approved for service? **YES** **NO**

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FALL HAZARD SURVEY

TASKS

- Task 1: Identify Fall Hazards
- Task 2: Assess Hazard Risk
- Task 3: Select Abatement Methods
- Task 4: Prioritize Hazards for Abatement

MATERIALS NEEDED

- **Sample Work Area (Hazards):** *Provided by instructor*

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TASK 1: IDENTIFY FALL HAZARDS

Objective

Given a specific work area representation (photograph, diagram, or actual), identify fall hazards in the area to include: means of access, locations, and/or hidden.

Task Instructions

Identify potential hazards (means of access, locations, and/or hidden) in the walking-working surfaces shown in the photographs provided by your instructor (*or in the actual walking-working surfaces if completing this exercise at a work site*).

Completion Requirements

1. Use the **Four Hazard Data Sheets** provided in this handout to record hazard data.
    a. Assign each hazard a number (1, 2, 3, or 4) in the Number field.
    b. Write a brief description of each potential hazard in the appropriate row (i.e., means of access, locations, or hidden) on the Hazard Data Sheet.

Debrief Requirements

Be prepared to present the hazards identified to your instructor and classmates.

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TASK 2: ASSESS HAZARD RISK

Objective

Given a representation of a fall hazard (photograph, diagram, or actual) and a risk rating matrix, compute a relative risk rating for the hazard.

Task Instructions

Compute a risk rating for each hazard identified in Task 1.

Completion Requirements

- Use the **Four Hazard Data Sheets** provided in this handout to record hazard data.
  a. Record a probability score (1, 3, 7, or 10) in the Probability field and a severity score (1, 3, 7, or 10) in Severity field in the Risk Assessment table.
  b. Multiply probability by severity and record result in the Rating field in the Risk Assessment table.
- Using the **Hazard Summary Sheet,** compute a percentage of overall risk value for each of the four hazards. Note the total of all 4 hazards must equal 100%. Place these percentages in the % of Overall Risk column in the Hazard Summary Table.

Debrief Requirements

Be prepared to present your risk ratings to your instructor and classmates.

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TASK 3: SELECT ABATEMENT METHODS

Objective

Given a representation of a fall hazard (photograph, diagram, or actual), identify at least one abatement option for the hazard based on the fall protection Hierarchy of Controls.

Task Instructions

Provide at least one abatement option, from one of the five categories on the fall protection Hierarchy of Controls, for each hazard identified in Task 1.

Completion Requirements

1. Use the **Four Hazard Data Sheets** provided in this handout to record hazard data.
    a. Write a brief description of the abatement option in the appropriate row (i.e., Elimination, Substitution, Engineering Controls, Administrative Controls, or PPE).

Debrief Requirements

1. Be prepared to present your abatement selection to your instructor and classmates.
2. Your instructor will provide you an estimated cost for each abatement selection. Enter this cost in the Hazard Data Sheet.
3. Your instructor will provide you an overall budget for abatement. Enter this in the Hazard Summary Sheet.

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TASK 4: PRIORITIZE HAZARDS FOR ABATEMENT

Objective

Given multiple fall hazards and a budget for abating the hazards, select which hazards to abate within the provided budget.

Task Instructions

Prioritize the hazards identified in Task 1 for abatement based on: 1) relative risk rating, 2) the abatement option you identified in Task 3, and 3) the budget for abatement provided by your instructor.

Completion Requirements

1. Use the **Hazard Summary Sheet** provided in this handout to record the following hazard data.
    a. Transfer the Hazard Number (1-4) and Description from each individual Hazard Data Sheet to their corresponding fields.
    b. Transfer the Risk Rating computed in Task 2 from each individual Hazard Data Sheet, and the relative risk ratings to their corresponding fields.
    c. Transfer the Abatement description and estimated cost of each abatement method for all 4 hazards from each individual Hazard Data Sheet to their corresponding fields.
2. Based on your overall budget, estimated abatement costs, and budget provided by your instructor, place the hazard in priority order (1-4), and record results in the Hazard Summary Table.

Debrief Requirements

Be prepared to present your priority selections to your instructor and classmates.

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HAZARD DATA SHEET

Number _____

Task 1: *Record all hazards identified, then transfer to* ***Hazard Summary Sheet****.*

Type(s)	Description
Means of Access	
Locations	
Hidden	

Task 2: *Compute risk for one hazard, then transfer to* ***Hazard Summary Sheet.***

Risk Assessment		
Probability (1, 3, 7, 10)	**Severity (1, 3, 7, 10)**	**Rating (Probability x Severity)**

Task 3: *Select at least one abatement method, then transfer to* ***Hazard Summary Sheet****. Your instructor will provide an estimated cost.*

Abatement Type		Description	Estimated Cost
Elimination			
Substitution			
Engineering Control			
Administrative Control			
Personal Protective Equipment	Anchorage		
	Anchorage Connector		
	Body Support		
	Connecting Means		
	Rescue Plan		

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HAZARD DATA SHEET

Number _____

Task 1: *Record all hazards identified, then transfer to* ***Hazard Summary Sheet****.*

Type(s)	Description
Means of Access	
Locations	
Hidden	

Task 2: *Compute risk for one hazard, then transfer to* ***Hazard Summary Sheet.***

Risk Assessment		
Probability (1, 3, 7, 10)	**Severity (1, 3, 7, 10)**	**Rating (Probability x Severity)**

Task 3: *Select at least one abatement method, then transfer to* ***Hazard Summary Sheet****. Your instructor will provide an estimated cost.*

Abatement Type		Description	Estimated Cost
Elimination			
Substitution			
Engineering Control			
Administrative Control			
Personal Protective Equipment	Anchorage		
	Anchorage Connector		
	Body Support		
	Connecting Means		
	Rescue Plan		

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HAZARD DATA SHEET

Number _____

Task 1: *Record all hazards identified, then transfer to* ***Hazard Summary Sheet****.*

Type(s)	Description
Means of Access	
Locations	
Hidden	

Task 2: *Compute risk for one hazard, then transfer to* ***Hazard Summary Sheet.***

Risk Assessment		
Probability (1, 3, 7, 10)	**Severity (1, 3, 7, 10)**	**Rating (Probability x Severity)**

Task 3: *Select at least one abatement method, then transfer to* ***Hazard Summary Sheet****. Your instructor will provide an estimated cost.*

Abatement Type		Description	Estimated Cost
Elimination			
Substitution			
Engineering Control			
Administrative Control			
Personal Protective Equipment	Anchorage		
	Anchorage Connector		
	Body Support		
	Connecting Means		
	Rescue Plan		

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HAZARD DATA SHEET

Number _____

Task 1: *Record all hazards identified, then transfer to* ***Hazard Summary Sheet****.*

Type(s)	Description
Means of Access	
Locations	
Hidden	

Task 2: *Compute risk for one hazard, then transfer to* ***Hazard Summary Sheet.***

Risk Assessment		
Probability (1, 3, 7, 10)	**Severity (1, 3, 7, 10)**	**Rating (Probability x Severity)**

Task 3: *Select at least one abatement method, then transfer to* ***Hazard Summary Sheet****. Your instructor will provide an estimated cost.*

Abatement Type		Description	Estimated Cost
Elimination			
Substitution			
Engineering Control			
Administrative Control			
Personal Protective Equipment	Anchorage		
	Anchorage Connector		
	Body Support		
	Connecting Means		
	Rescue Plan		

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HAZARD SUMMARY SHEET

Total Budget _____

Task 2 Continued:
Compute Relative Risk Ratings

Number	Description	Risk		Abatement		Priority
		Rating	% of Overall Risk	Description	Cost	

Task 4: *Place hazards in priority order, based on risk ratings, cost to abate, and budget provided by your instructor.*

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