



FALL PROTECTION

PRE-TASK PLANNING ASSESSMENT

Falls continue to be a leading cause of fatalities in construction. A comprehensive industry survey conducted by CPWR – The Center for Construction Research and Training found that inadequate fall prevention planning before work begins was a significant contributing factor in 25 percent of fall incidents. The survey also revealed that when employers did not engage in fall protection planning, workers were substantially less likely to use fall protection at all.

To help address this gap, the Laborers' Health & Safety Fund of North America (LHSFNA) developed the following Fall Protection Pre-Planning Assessment. This practical, field-ready resource supports employers, supervisors and crews in identifying fall hazards and integrating protection strategies before work begins. This tool can support safer decision making on jobsites by setting clear expectations, encouraging proactive hazard recognition and reinforcing the importance of rescue preparedness.

This resource is designed to promote planning as a critical first step in daily operations and ultimately reduce the occurrence of serious and fatal falls in the construction industry.

Fall Protection Pre-Task Planning Assessment

Address:	Effective Date Range:
Project Name/Job Number:	Contractor/Subcontractor:
Competent Person:	
Work Description:	

Site-Specific Fall Hazards (Detail all that apply):

Describe the hazard(s) and include specific heights, locations, levels, etc.:	
Identify Max. Free Fall Distance:	Identify Total Fall Distance:
Proximity to High-voltage Power Lines (minimum approach distance):	
Ground Hazards Present (e.g., open holes, exposed rebar, sloped surface):	
Roof Slope (degrees):	
Other (specify):	

Identify Fall Protection Systems to Be Used:

<input type="checkbox"/> Guard Rails	<input type="checkbox"/> Fall Arrest	<input type="checkbox"/> Fall Restraint
<input type="checkbox"/> Safety Net	<input type="checkbox"/> Work Platform	<input type="checkbox"/> Scaffold
<input type="checkbox"/> Controlled Access Zone (6'-15' from leading edge)	<input type="checkbox"/> Skylight Protective Cover	<input type="checkbox"/> Mobile Elevated Work Platform
<input type="checkbox"/> Catch Platform	<input type="checkbox"/> Written Procedure	<input type="checkbox"/> Other (specify):

Identify System Components:

<input type="checkbox"/> Full-Body Harness	<input type="checkbox"/> Vertical Lifeline	<input type="checkbox"/> Horizontal Lifeline
<input type="checkbox"/> Lanyard	<input type="checkbox"/> Ladder Lifeline	<input type="checkbox"/> Shock Absorber
<input type="checkbox"/> Bosun's Chair	<input type="checkbox"/> Rope Grab	<input type="checkbox"/> Beam Anchor
<input type="checkbox"/> Sling/Choker Anchor	<input type="checkbox"/> Leading Edge Protection	<input type="checkbox"/> Positioning Device
<input type="checkbox"/> Suspension Trauma Straps	<input type="checkbox"/> Tool Tethers	<input type="checkbox"/> Other (specify):

Method Used to Determine Adequacy of Anchor Points:

<input type="checkbox"/> Evaluation by Professional Engineer	<input type="checkbox"/> Existing Engineering Data/Design Documents
<input type="checkbox"/> Manufacturers' Data	<input type="checkbox"/> Other (specify): _____

Identify Protection Methods for any Overhead Work:

<input type="checkbox"/> Head Protection Required	<input type="checkbox"/> Safety Net	<input type="checkbox"/> Warning Signs (e.g., overhead work)
<input type="checkbox"/> Toe Boards/Screens on Scaffolds	<input type="checkbox"/> Secured Cover on Floor Openings	<input type="checkbox"/> Other (specify): _____

Identify Rescue Methods:

<input type="checkbox"/> Emergency Services Contacted (e.g., Fire Department)	<input type="checkbox"/> Self-Rescue
<input type="checkbox"/> Mobile Elevated Work Platform	<input type="checkbox"/> Ladder/Elevator/Stairs
<input type="checkbox"/> Retrieval Winch	<input type="checkbox"/> Rescue Pole and Rope System
<input type="checkbox"/> Written Procedure	<input type="checkbox"/> Other (specify): _____

Outline the Rescue Procedure for a Fallen Worker:

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Inspection Checklist (Check all that apply):

<input type="checkbox"/> I.D. tags indicate manufacturer lifespan of product	<input type="checkbox"/> Correct size and fit of full body harness verified
<input type="checkbox"/> Integrity of stitching in shock absorber verified	<input type="checkbox"/> Integrity of fall indicator/stitching on harness/lanyard verified
<input type="checkbox"/> Manufacturer assembly/disassembly instructions reviewed	<input type="checkbox"/> Locking capability of SRLs assured
<input type="checkbox"/> Locking capability of carabiners assured	<input type="checkbox"/> Locking capability of snap hooks assured
<input type="checkbox"/> D-rings have adequate strength, not cracked or deformed	<input type="checkbox"/> Lanyards and ropes free from wear, fraying and knots