

Residential Roofing Fall Prevention Checklist

Project start date: _____

Projected completion date: _____

Project location: _____

Superintendent/Foreman: _____

Estimator: _____

Square footage/squares: _____

- Residential
- Commercial
- Patch Repair
- Total roof replacement

Number of stories with eave height measurements: _____

Roof pitch: _____

Roof type:

- Composite
- Metal
- Shake or Tile
- Other: _____

Decking / Substrate inspected by: _____ Date: _____

Skylights protected: Yes Not applicable

Fall prevention—Check all that will be applied on this job:

- Guard rails
- Rope grabs
- Fall restraint
- Lanyards
- Horizontal line
- Roof jacks (*not permitted as sole source of fall prevention on >4:12 pitch*)
- Other fall prevention method: *List specifics on back of form with management pre-approval signature*

Ladders—Must be inspected and in good condition prior to use.

- Appropriate height
- Top secured
- Base secured

For more information:

 www.worksafecenter.com  1.888.499.SAFE (7233)



Job Site Pre-Work Safety Meeting

Date: _____

Superintendent/Foreman leading meeting: _____

Review this project's specific fall prevention method(s) to be used.

Additional topics, as required:

- Housekeeping requirements
- Ladder safety rules
- Hand tool safety rules
- Air nail gun safety rules

Employees:

By signing this form, you are in agreement that you attended this meeting, understood the contents that were discussed and will comply with the safety requirements.

| Employee Name | Signature | Employee Name | Signature |
|---------------|-----------|---------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |