

# OSHA Fall Protection Inspection

Workplace Name/Location

Date of Inspection

Inspector's Name

## INSTRUCTIONS:

This checklist is designed to ensure compliance with OSHA's Fall Protection Standard (29 CFR 1926.501) to prevent fall-related hazards and protect workers at elevated work areas. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

## FALL PROTECTION PROGRAM

Written Program: Verify the presence and availability of a written fall protection program.

Yes  No  NA

Program Content: Check if the program includes all required elements specified in 29 CFR 1926.501(b).

Yes  No  NA

Training Requirements: Ensure that employees are trained on the fall protection program.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## GUARDRAIL SYSTEMS

Guardrail Specifications: Inspect guardrails for proper height and strength.

Yes  No  NA

Midrails: Ensure that midrails are installed on guardrails where required.

Yes  No  NA

Toeboards: Verify the presence of toeboards on guardrails where needed.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## PERSONAL FALL ARREST SYSTEMS (PFAS)

PFAS Inspection: Review PFAS for damage or wear.

Yes  No  NA

Anchorage Points: Check if anchorage points are secure and capable of supporting the required load.

Yes  No  NA

Body Harness Fit: Verify that body harnesses fit properly and are worn correctly.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## SAFETY NETS

- Safety Net Installation: Inspect safety nets for proper installation and clearance.  Yes  No  NA
- Safety Net Inspections: Check if safety nets are regularly inspected and maintained.  Yes  No  NA
- Proper Labeling: Ensure safety nets are labeled with the maximum intended load capacity.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## FALL PROTECTION TRAINING

- Training Records: Review training records to ensure employees have received proper fall protection training.  Yes  No  NA
- Competent Persons: Verify that competent persons are designated to oversee fall protection activities.  Yes  No  NA
- Retraining: Ensure that employees receive retraining when necessary or at least annually.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## WARNING LINES

- Warning Line Setup: Inspect warning lines for proper installation and visibility.  Yes  No  NA
- Distance Limit: Check if workers stay at least 6 feet away from the edge when warning lines are used.  Yes  No  NA
- Supervisory Monitoring: Ensure that a competent person monitors warning line systems.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## CONTROLLED ACCESS ZONES

- Access Control: Verify that controlled access zones are clearly marked and restricted.  Yes  No  NA
- Entry Requirements: Ensure only authorized personnel enter controlled access zones.  Yes  No  NA
- Supervision: Check that controlled access zones are supervised by a competent person.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## FALL PROTECTION EQUIPMENT INSPECTIONS

Inspection Schedule: Review the schedule for periodic inspections of fall protection equipment.

Yes  No  NA

Defective Equipment: Ensure that damaged or defective equipment is removed from service.

Yes  No  NA

Recordkeeping: Verify that equipment inspections are documented.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

### ADDITIONAL NOTES / OBSERVATIONS

[Insert any additional notes or Fall Protection checklist observations made during the inspection]

### STATEMENT OF INSPECTION

I hereby certify that I have conducted the above OSHA Fall Protection checklist inspection and that the workplace is in compliance with OSHA's Fall Protection Standard. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name :

Signature :

Date :

### APPROVED BY

Name :

Signature :

Date :