Residential Roofing Fall Prevention Form

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 lifeline ❑ Roof jacks (not permitted as sole source of fall prevention on > 4:12 pitch)

❑ Other: _____

LADDERS *Must be inspected and in good condition prior to use.*

❑ Appropriate height ❑ Top secured ❑ Base secured

Job Site Pre-Work Safety Meeting

MEETING LEADER:_____ **DATE:** _____

Review this project's specific fall prevention method(s) to be used.
Additional topics for discussion, 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