# Managing risks in manufacturing workplaces:Assessing risks — Falls from elevation

Regulatory requirements related to falls from elevation include sections [4.54 to 4.63](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-04-general-conditions#SectionNumber:4.54), [Part 11](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-11-fall-protection), and [Part 13](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-13-ladders-scaffolds-and-temporary-work-platforms) of the Occupational Health and Safety Regulation.

For information and resources on this topic, see the [Falls from elevation](https://www.worksafebc.com/en/health-safety/hazards-exposures/falls-from-elevation) and [Fall protection](https://www.worksafebc.com/en/health-safety/tools-machinery-equipment/fall-protection) pages on worksafebc.com. For assistance using this questionnaire, see [How to use the self-evaluation tool](https://www.worksafebc.com/en/resources/health-safety/information-sheets/managing-risks-manufacturing-how-to-use-self-evaluation).

Falls from elevation

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| 1. Have you conducted a risk assessment for working at heights?

[ ]  Yes [ ]  No Describe how you carried out this assessment:      |
| 1. How are workers protected from falling (including falls from regularly accessed elevated areas such as stairs or mezzanines)?

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| 1. Do fall protection measures follow the hierarchy of fall protection?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Do your work processes involve workers working from ladders?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. How are ladders selected, used, inspected, and maintained?

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| 1. Do your work processes require the use of movable work platforms?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Do your work processes involve workers using personal fall protection equipment?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Can other forms of access (e.g., scaffolding, work platforms) be used instead of personal fall protection equipment?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. How are fall risks related to work on mobile equipment identified and minimized?

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| 1. How do you ensure workers maintain three points of contact (e.g., during ladder use, stair use, vehicle entry and exit)?

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**Action plan for** falls from elevation

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| For question      , plans and actions needed to improve existing approach:      |
| Who will carry out the action:      | Due date (yyyy-mm-dd):      | Date completed (yyyy-mm-dd):      |
| Effectiveness of the improvement actions taken:      |
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| Effectiveness of the improvement actions taken:      |