

Roof Work Safety Checklist

Location: _____ Type of work: _____

Checklist must be filled out whenever workers are preparing to do roof work. A copy of this checklist should be completed and kept in the jobsite truck or safe location.

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Are the weather conditions acceptable?	_____	_____	_____
All employees have been informed of the work taking place	_____	_____	_____
A safe way to access the roof has been established and will be used	_____	_____	_____
If applicable only fixed walkways will be used	_____	_____	_____
Safety belts must be worn where necessary, and safety lines must be fit for the job	_____	_____	_____
Temporary or mobile scaffolding has been erected by a competent person. – Guardrails and toeboards are included.	_____	_____	_____
Temporary scaffolding inspections will occur at least once a week to ensure that it is still well balanced and stable.	_____	_____	_____
No work is to be ever done alone. There must be two workers present at all times.	_____	_____	_____
Any ladder being used should be tied off and properly secured	_____	_____	_____
The risk from falling objects has been assessed. The safety of persons working below must be ensured. Employing flagmen and erecting barriers/roping off the area has been considered. Adequate signage is displayed as required (consider items which may fall through the roof as well as from the roof)	_____	_____	_____
If there are keys to roof access doors they have been issued to the appropriate employees that would require them to perform or supervise work being done.	_____	_____	_____
If working with shingles do not stack them while on the roof	_____	_____	_____
Shingles on the roof will be secured against high winds	_____	_____	_____
Existing overhead services crossing or adjacent to the intended roof work have been considered	_____	_____	_____
Ducts or air outlets on the roof have been considered and any hazard from fumes have been dealt with	_____	_____	_____
If there are overhead obstruction they have been indentified to the employees	_____	_____	_____
All suitable Personal Protective Equipment has been identified and is required that it will be worn	_____	_____	_____

Date: _____

Supervisor: _____