

**ONLY RECORD WHAT YOU ACTUALLY OBSERVE**

**Task** (What was being done):

**Hazard** (What the EE was exposed to):

**Unsafe Behavior** (What the EE was doing):

**Why** (Reason EE was behaving this way):

**AGREEMENT: YES OR NO** (circle one)

**Solution:**

**COMMITMENT: YES OR NO** (circle one)

**Comments:**

**INSULATED POWER LINES**

INSULATED LINES VOLTAGE	MINIMUM DISTANCE	ALTERNATIVES
Less than 300 volts	3 feet (0.9 m)	
300 volts to 50 kv	10 feet (3.1 m)	
More than 50 kv	10 feet (3.1 m) plus 4.0 inches (10 cm) for each 1 kv over 50 kv	2 times the length of the line insulator, but never less than 10 feet (3.1m)

**UNINSULATED POWER LINES**

UNINSULATED LINES VOLTAGE	MINIMUM DISTANCE	ALTERNATIVES
Less than 50 kv	10 feet (3.1 m)	
More than 50 kv	10 feet (3.1 m) plus 4.0 inches (10 cm) for each 1 kv over 50 kv	2 times the length of the line insulator, but never less than 10 feet (3.1m)

**OBSERVATION CRITIQUE**

DID THE OBSERVER:

1. *Notify you before performing an observation?*  
YES or NO
2. *Point out the good things you were doing first?*  
YES or NO
3. *Review any unsafe behaviors with you?*  
YES or NO

The purpose of this program is to improve work conditions, and is not designed as a tool for disciplinary action. As a result, names of observed employees are not recorded or disclosed.

This material is for informational purposes only and is not intended to provide specific solutions for any potentially unsafe conditions. Amerisure assumes no duty or obligation to any party in providing this information.



**AMERISURE'S OBSERVATIONAL SAFETY PROGRAM**

**FALL PROTECTION**

**SCAFFOLDING**

## OBSERVATIONAL CHECKLIST FOCUSED SCAFFOLDING OBSERVATIONS

Directions: Observe only 1-2 employees at a time. Mark both observed and unobserved behaviors or conditions with Yes, No, or Not Applicable. If No, choose the most applicable Hazard # that corresponds with the observed condition or behavior. Common hazards that exist in these unsafe conditions have been noted below each item.

### POTENTIAL HAZARDS RESULTING FROM BEHAVIORS AND/OR CONDITIONS CREATED AND/OR ALLOWED BY EMPLOYEE/EQUIPMENT:

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Fall – Improper Scaffolding Setup</li> <li>2. Trip – Improper Planking</li> <li>3. Fall – Unprotected Material Landing Area</li> <li>4. Fall – Improper Planking</li> <li>5. Fall – Unstable Scaffold</li> <li>6. Trip – Access Area</li> <li>7. Fall – Improper Ladder Usage</li> <li>8. Fall – Improper Guarding</li> <li>9. Electrocuting</li> <li>10. Fall – Improper PPE</li> <li>11. Fall – PPE Not Secured</li> <li>12. Fall – Overloading Scaffold</li> </ol> | <ol style="list-style-type: none"> <li>13. Trip – Housekeeping</li> <li>14. Fall – Rest Platforms Not Provided</li> <li>15. Fall – Scaffold Casters Not Locked/Secured</li> </ol> |
|---|---|

### IF MORE THAN TWO UNSAFE CONDITIONS AND/OR BEHAVIORS ARE OBSERVED:

1. Stop the Observation
2. Remove/Correct Hazards
3. Note in Comment Area

## OBSERVED CONDITION OF SCAFFOLDING AT TIME OF USE

	Y	N	N/A	HAZARD #
All working levels are fully planked or decked (all gaps less than 1 inch) (2, 3, 4)				
Platform extends beyond its support at least 6 inches or cleated (4)				
Base plates used and properly supported (ie: mudsills, concrete) (5)				
Scaffolding properly secured following 4:1 height ratio (5)				
Safe access to scaffolding levels (3, 6, 14)				
Hook-on ladders properly secured (7)				
Ramps/walkways 6 ft or more above lower level have guardrails (3, 8)				
The front face is within 14 inches of the work (1)				
Proper clearance to power lines (see back) (9)				

## OBSERVED BEHAVIORS AT TIME OF USE

	Y	N	N/A	HAZARD #
Employee is using fall protection at 10 feet or higher (PFAS or guardrails) (3, 8, 10)				
Employee's PFAS lifelines are properly secured (11)				
Loading is less than maximum capacity (12)				
Platform free from debris (13)				
No use of ladders on scaffold to increase working level (7)				
Access areas are free of debris and trip hazards (13)				
Scaffold casters properly secured/locked while in use (1, 5, 15)				
All work performed inside guardrails (1, 8)				

### OBSERVATION DATA SHEET

Company Name: \_\_\_\_\_

Location of Observation: \_\_\_\_\_

Date of Observation: \_\_\_\_\_

Name of Observer: \_\_\_\_\_

Number of Individuals Observed: \_\_\_\_\_