

# Roof Safety and Edge Protection Inspection Checklist

|                |       |         |       |
|----------------|-------|---------|-------|
| Site / Project | _____ | Address | _____ |
| Inspector name | _____ | Company | _____ |
| Date           | _____ | Time    | _____ |

*Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.*

**Jurisdiction: Adaptable. Covers OSHA 29 CFR 1926.501 (US) and UK Work at Height Regulations 2005 (WAHR). Adaptable to other jurisdictions. Apply only the section and thresholds for the governing jurisdiction; do not combine US and UK requirements as if they were one code.**

## Inspection checklist

### Inspection header

Site name and location

\_\_\_\_\_

Inspector name and date

\_\_\_\_\_

Roof area / zone inspected

\_\_\_\_\_

Weather conditions

\_\_\_\_\_

### Edge protection systems

|                                                                                                       |                               |                               |                              |              |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Guardrail top rail height: OSHA 42 inches (±3) / UK WAHR minimum 950mm       | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Intermediate (mid) rail: installed midway between top rail and walking level | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Toe boards: minimum 3.5 inches (89mm) high (OSHA) / 150mm (UK)               | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Load resistance: withstands 200-lb downward and outward force (OSHA)         | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

|                          |                                                                                  |                          |      |                          |      |                          |     |              |
|--------------------------|----------------------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Gap between top rail and intermediate rail / toe board: $\geq 470\text{mm}$ (UK) | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|----------------------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

## Fall arrest systems

|                          |                                                                                |                          |      |                          |      |                          |     |              |
|--------------------------|--------------------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Anchorage points: structurally sound, capable of 5,000 lbs per employee (OSHA) | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|--------------------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

|                          |                                                                    |                          |      |                          |      |                          |     |              |
|--------------------------|--------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Anchor positioning: directly above work area (minimize swing fall) | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|--------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

|                          |                                                                   |                          |      |                          |      |                          |     |              |
|--------------------------|-------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Connectors: self-closing and self-locking carabiners / snap hooks | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|-------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

## Roof hazards

|                          |                                                            |                          |      |                          |      |                          |     |              |
|--------------------------|------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Skylights: covered, secured, marked with 'HOLE' or 'COVER' | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

|                          |                                            |                          |      |                          |      |                          |     |              |
|--------------------------|--------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Holes >6 feet above lower level: protected | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|--------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

|                          |                                                                         |                          |      |                          |      |                          |     |              |
|--------------------------|-------------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Leading edges: fall protection plan documented if guardrails impossible | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|-------------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

|                          |                                                                 |                          |      |                          |      |                          |     |              |
|--------------------------|-----------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Roof surface condition: slippery, wet, damaged areas identified | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|-----------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

## Access and egress

|                          |                                                                    |                          |      |                          |      |                          |     |              |
|--------------------------|--------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Ladders / stairs: secure, properly angled, extending above landing | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|--------------------------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

|                          |                                               |                          |      |                          |      |                          |     |              |
|--------------------------|-----------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Roof hatches: self-closing, guarded when open | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|-----------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

## Inspection frequency and follow-up

|                          |                            |                          |      |                          |      |                          |     |              |
|--------------------------|----------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Daily inspection: Yes / No | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|----------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

|                          |                                                    |                          |      |                          |      |                          |     |              |
|--------------------------|----------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Inspection after high winds / heavy rain: Yes / No | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|----------------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

|                          |                                             |                          |      |                          |      |                          |     |              |
|--------------------------|---------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Defects noted with location and description | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|---------------------------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

|                          |                            |                          |      |                          |      |                          |     |              |
|--------------------------|----------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Corrective action assigned | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|----------------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

|                          |                     |                          |      |                          |      |                          |     |              |
|--------------------------|---------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|
| <input type="checkbox"/> | Inspector signature | <input type="checkbox"/> | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | N/A | Notes: _____ |
|--------------------------|---------------------|--------------------------|------|--------------------------|------|--------------------------|-----|--------------|

## Findings

| # | Item | Location | Severity | Action required |
|---|------|----------|----------|-----------------|
| 1 |      |          |          |                 |
| 2 |      |          |          |                 |
| 3 |      |          |          |                 |
| 4 |      |          |          |                 |
| 5 |      |          |          |                 |
| 6 |      |          |          |                 |
| 7 |      |          |          |                 |
| 8 |      |          |          |                 |

## Signature

Inspector signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

## References consulted

OSHA 29 CFR 1926.501 – Duty to have fall protection

UK HSE – Work at Height Regulations 2005

OSHA 29 CFR 1926.502 – System planning and criteria

UK HSE – Work at height: the law (INDG401)

*Verify the current edition and local adoption before use.*