

## Supervisor Evaluation for STEP LADDER SAFETY



The following questions are designed to help you evaluate employee knowledge and practices with step ladders.

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

Location: \_\_\_\_\_

- 1) Have employees been trained on step ladder use – including ladder selection, placement, and safe work practices?  Yes  No
- a. Has this training been completed in the last year?  Yes  No
- b. Was the training documented?  Yes  No
- c. Who maintains the training documents? \_\_\_\_\_
- d. Are the training documents accessible?  Yes  No

Comments/Action Steps:

- 2) Complete a safety observation of employees using a step ladder. Were employees following proper procedures by doing the following?
- a. Did employees select the correct size and type of step ladder for their job?  Yes  No
- b. Did employees inspect the ladder prior to use?  Yes  No
- c. If the ladder was defective, was it taken out of service and replaced?  Yes  No
- d. Was the ladder properly positioned on a flat, stable surface?  Yes  No
- e. Did employees look for overhead electrical hazards prior to setting up the ladder?  Yes  No
- f. Did employees lock the spreaders prior to ascending the step ladder?  Yes  No
- g. If applicable, were employees wearing the appropriate PPE?  Yes  No
- h. Were proper climbing procedures used (3 points of contact)?  Yes  No
- i. Did employees avoid reaching or extending outside the ladder side rails?  Yes  No

j. Employees who were observed:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

k. Are training documents on file for these employees?  Yes  No

l. Based on your observations is additional training required in any area?  Yes  No

If yes, what area(s) requires retraining? \_\_\_\_\_

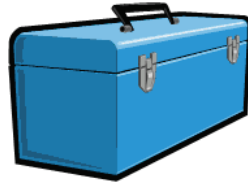
Who will be responsible for the retraining and when will it be completed? \_\_\_\_\_

Comments/Action Steps:

Name of Reviewer: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

To access additional resources, visit the Risk Management Resource Center on [www.eains.com](http://www.eains.com), or contact your Regional office to speak with your Risk Management Consultant.



## Supervisor Evaluation for EXTENSION LADDER SAFETY



The following questions are designed to help you evaluate employee knowledge and practices with extension ladders.

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

Location: \_\_\_\_\_

- 1) Have employees been trained on extension ladder use – including ladder selection, placement, and safe work practices?  Yes  No
- a. Has this training been completed in the last year?  Yes  No
- b. Was the training documented?  Yes  No
- c. Who maintains the training documents? \_\_\_\_\_  Yes  No
- d. Are the training documents accessible?  Yes  No

Comments/Action Steps:

2) Complete a safety observation of employees using a ladder. Were employees following proper procedures by doing the following?

- a. Did employees select the correct size and type of step ladder for their job?  Yes  No
- b. Did employees inspect the ladder prior to use?  Yes  No
- c. If the ladder was defective, was it taken out of service and replaced?  Yes  No
- d. Was the ladder properly positioned using the 1-4 rule?  Yes  No
- e. Did employees look for overhead electrical hazards prior to setting up the ladder?  Yes  No
- f. Did the ladder extend at least three feet above the elevated surface point of support?  Yes  No
- g. Were the feet set properly for the surface?  Yes  No
- h. If applicable, were employees wearing the appropriate PPE?  Yes  No
- i. Were proper climbing procedures used (3 points of contact)?  Yes  No
- j. Was the ladder properly tied off?  Yes  No
- k. Did employees avoid reaching or extending outside the ladder side rails?  Yes  No

l. Employees who were observed:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

m. Are training documents on file for these employees?  Yes  No

n. Based on your observations is additional training required in any area?  Yes  No

If yes, what area(s) requires retraining? \_\_\_\_\_

Who will be responsible for the retraining and when will it be completed? \_\_\_\_\_

Comments/Action Steps:

Name of Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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