



Annual Program Evaluation Report

Date of Evaluation:	Evaluated By (list all present):
Written Program Reviewed: Yes No	
Do injury records indicate a need for additional employee training on the elevated fall prevention program? Yes No	
Have any jobs, processes or areas produced a high incidence of fall incidents or near misses? Yes No If yes, list:	
Is there any record of failure to correct reported fall hazards in a timely manner? If yes, what corrective action is needed?	
The following content was/added/modified/removed from the written program:	
Comments:	