



Train. Protect. Prevent.

## FLYING OBJECTS

Workers on site can be at risk for injuries caused by flying objects. Flying objects can cause injuries such as cuts, abrasions, concussions, or blindness. Flying objects are a major concern when workers are working with power tools, pushing/pulling loads, or under scaffolds, or work is being performed overhead. Construction material handlers, tree care workers, and manufacturer employees are just some of the workers who may be exposed to injuries from flying or falling objects at the workplace. By law, employers are required to provide a safe and free-from-danger workplace for their employees. Before work begins, conducting a safety assessment at worksite is required in order to identify hazards of any kind. OSHA requires all employees to be fully trained for their tasks. This includes possible hazards associated with the task, use of required PPE, and safety procedures.

### Falling Objects Safety Practices:

Assess the worksite for falling or flying object hazards.

Never work under suspended loads. Barricade these areas and post warning signs.

Consider wind, power lines, and bad weather.

Do not use tools with loose or cracked handles.

All workers must be trained to use tools for their task.

Inspect tools before use.

Train worker on safe operating procedures for power tools.

Secure materials to prevent them from falling, sliding, or collapsing.

Wear required PPE according to your job.

Use safety glasses if working with power tools that produce flying objects.

Always keep safety glasses clean.

Wear a hardhat to protect against overhead hazards.

Have emergency procedures in place before the job starts.

Roofing materials and equipment should not be stored within 6 feet of a roof edge unless a guard rail is in place.

Use guardrails and toe boards on scaffolds to prevent objects from falling.

Use a debris net to grab flying or falling objects.

Use appropriate tools for each job. Be sure to keep them in good condition and perform regular maintenance.

Follow all manufacturer instructions.

Report any accident or injury to a supervisor regardless of severity.

Any hazardous condition must be brought to the attention of a supervisor.

Comply with all aspects of the safety program put in place by the company.

### Work Site Review: Hazards/Safety Suggestions

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

Work Site Location: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Foreman/Supervisor: \_\_\_\_\_

### Employee Signatures: (continue on back of sheet if necessary)

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(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

### Manager/Supervisor's Signature: \_\_\_\_\_

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