

Fall Protection Work Plan

Customer			
Location			
Project Name			
Project Number			
Completed By	Date:	Time:	
Approved By	Date:	Time:	

1. Scope of Work

2. Fall Hazard and Location

3. Fall Clearance Calculation & Anchorage Point Selection

Length of Lanyard with attached shock absorber + any additional equipment length from anchor i.e. Dog leash _____ ft

Height of dorsal D-Ring + _____ ft

Elongation of all equipment and connections + _____ ft

Safety Factor + 3 ft

Calculated Fall Arrest Distance = _____ ft

I/we therefore require a minimum of _____ ft from the anchor point to the ground to be protected from coming in contact with the ground.

Anchorage Point	Height	Is there a Swing Hazard? If so Describe.	Adequacy

In addition to inspection before use the anchorage point has been: A) Evaluated and documented by a P.Eng. B) Is a pre-documented Engineered anchor point C) Is CSA marked as an anchor point D) Other - explain, attach extra paper/documentation if necessary

4. Fall Protection Equipment Requirements

ITEMS REQUIRED	INSPECTED PRIOR TO USE	ITEMS REQUIRED	INSPECTED PRIOR TO USE
<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> Yes	<input type="checkbox"/> Ladder	<input type="checkbox"/> Yes
<input type="checkbox"/> Shock Absorbing Lanyard	<input type="checkbox"/> Yes	<input type="checkbox"/> Life Line Rope	<input type="checkbox"/> Yes
<input type="checkbox"/> Retractable Lanyard	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> Dog Leash	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> Carabineer	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes

5. Describe Means to Prevent Falling Objects when Handling & Storing Tools & Materials

6. Rescue Procedure

EMERGENCY CONTACT:	NAME	PHONE/RADIO	EMPLOYEES ASSIGNED

7. Rescue Equipment Required to be Immediately Available

ITEMS REQUIRED	INSPECTED PRIOR TO USE	ITEMS REQUIRED	INSPECTED PRIOR TO USE
<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> Yes	<input type="checkbox"/> Man lift	<input type="checkbox"/> Yes
<input type="checkbox"/> Shock Absorbing Lanyard	<input type="checkbox"/> Yes	<input type="checkbox"/> Rescue Tripod System	<input type="checkbox"/> Yes
<input type="checkbox"/> Retractable Lanyard	<input type="checkbox"/> Yes	<input type="checkbox"/> Man Basket	<input type="checkbox"/> Yes
<input type="checkbox"/> Dog Leash	<input type="checkbox"/> Yes	<input type="checkbox"/> Rescue Team Anchor Points	<input type="checkbox"/> Yes
<input type="checkbox"/> Rescue Pole	<input type="checkbox"/> Yes	<input type="checkbox"/> Suspension Relief Straps	<input type="checkbox"/> Yes
<input type="checkbox"/> Radio or Phone	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes

8. Other Notes

9. Supervisor Approval

I have read this fall protection work plan and approve of it entirely. I have witnessed the implementation of the plan and agree it has been completed in conformance with this fall protection work plan. Any site specific special work permits for work at heights have been acquired.

Site Permit (if applicable)	Permit Number	Permit Date	
Supervisor	Name (Print)	Signature	Date

10. Employees Working at Heights and Rescue Team Agreement

I have read this fall protection work plan and agree to carry out all work as documented.

Name of Worker (Print)	Signature of Worker

Reviewed By: (manager's signature)	Date
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