

## FALL PROTECTION/FALL RESCUE PLAN

THIS FORM MUST BE COMPLETED BY THE SUPERVISOR OR SITE FOREMAN BEFORE ALLOWING USE OF A FALL PROTECTION SYSTEM FOR EACH PROJECT.

NAME OF SITE		DATE							
SUPERVISOR		SIGNATURE							
WORK DESCRIPTION									
PROJECT TIMELINE	Start Date	Estimated Completion Date							
<b>Part A – Pre-Start Assessment (Please contact the office if any of following cannot be answered “YES”)</b>									
		YES	NO						
1.	Has the site been assessed for fall hazards by a competent Supervisor?	<input type="checkbox"/>	<input type="checkbox"/>						
2.	Are all workers trained to Work at Heights?	<input type="checkbox"/>	<input type="checkbox"/>						
3.	Has Fall Protection Equipment been inspected by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>						
4.	Has an Emergency Response Team been established?	<input type="checkbox"/>	<input type="checkbox"/>						
5.	Has the plan been reviewed and provided to the Constructor?	<input type="checkbox"/>	<input type="checkbox"/>						
COMMENTS									
<b>IMPORTANT! FALL ARREST SYSTEMS MAY ONLY BE USED IF FALL PREVENTION SYSTEMS CANNOT BE USED.</b>									
<b>Part B – Risk Assessment (Check all that apply)</b>									
<input type="checkbox"/>	Exposed Roof Edges	<input type="checkbox"/>	Use of Scaffolding						
<input type="checkbox"/>	Blind Spots	<input type="checkbox"/>	Use of Elevated Work Platform						
<input type="checkbox"/>	Roof Configuration	<input type="checkbox"/>	Structural Issues						
<input type="checkbox"/>	Other (describe):	<input type="checkbox"/>	Shafts						
<input type="checkbox"/>		<input type="checkbox"/>	Wall/Floor Openings						
<input type="checkbox"/>		<input type="checkbox"/>	Trip & Slip Hazards						
COMMENT									
<b>Part C – Task Identification (Identify routine tasks where fall hazards exist and control measures to be used)</b>									
		ARE FALL HAZARDS PRESENT?			Guardrail	Protective Cover	Travel Restraint	Bump Line	Fall Arrest
		YES	NO	NA					
1.	Project Set-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Roof Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Elevated Work Platform Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Mobile or Tower Crane Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Hoisting & Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Scaffold Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Ladder Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other Installations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list other site-specific tasks and control measures not previously identified.									
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENT									