



Fall Protection Plan Hinds Safety Form

Doc. #:	HS-14-F-032
Issue Date:	05-Mar-2018
Rev. Date:	30-Mar-2019
Rev.#	01

Project Name:	
Project Number:	
Address/Location:	

FALL HAZARDS
Identify all existing and potential fall hazards associated with the work site

FALL PROTECTION SYSTEMS TO BE USED
Identify the fall protection systems to be used
(i.e. travel restraint, personal fall arrest system, safety net, control zone, etc.)

PROCEDURES

RESCUE PLAN
Describe the procedures that will be followed if a worker falls and needs to be rescued

- Ⓜ If a crew member is injured at elevation, the supervisor will evaluate the employee's condition and administer first aid.
- Ⓜ Emergency services will be called as needed. If an injured employee can't return to ground level, the employee will be brought down to a lower level by workers on site assisted by emergency services

First Aider Name		Contact		Cert. Expiry	
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This fall protection plan was developed by

Name:		Signature:		Date:	
Name:		Signature:		Date:	
Name:		Signature:		Date:	
Name:		Signature:		Date:	
Name:		Signature:		Date:	



Fall Protection Plan
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Table with 2 columns: Field (Doc. #, Issue Date, Rev. Date, Rev.#) and Value (HS-14-F-032, 05-Mar-2018, 30-Mar-2019, 01)

Workers signing this form acknowledge that they have reviewed and understand this fall protection plan.

Table with 4 columns: Date, Print Name, Signature, Trained in the safe use of this fall protection equipment? (Yes/No checkboxes). Contains 21 empty rows for worker signatures.