

Company Name:			Date: yy/mm/dd	
Project:		Address:		
Prime Contractor:		Building type		
Supervisor:		Cell #:		
Site CSO:		Cell #:		
Can the work process be changed to eliminate working at heights?		<input type="checkbox"/> Yes – Plan not be needed	<input type="checkbox"/> No – proceed with plan	

DESCRIBE THE AREA WHERE THE WORK IS OCCURRING. What side, what level

DESCRIBE THE WORK BEING PERFORMED. What are your tasks for this scope of work?

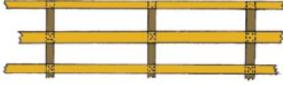



Fall Hazard Identification: CHECK ALL HAZARDS THAT APPLY

Working at Height – distance to lower surface	<input type="checkbox"/> < 10 feet – *unusual risk of injury	<input type="checkbox"/> 10 – 25 feet	<input type="checkbox"/> 25' and over	What is height?
	Total fall clearance available (distance from anchor to lower surface)			<input type="checkbox"/> *under 18' <input type="checkbox"/> over 18'
Surface type	<input type="checkbox"/> Balconies	<input type="checkbox"/> slab/deck	<input type="checkbox"/> Walls	<input type="checkbox"/> roof
Slope	<input type="checkbox"/> No slope (less than 4/12)	<input type="checkbox"/> Low slope (4/12-8/12)	<input type="checkbox"/> *Steep slope (8/12 or steeper)	
Public below	<input type="checkbox"/> No public	<input type="checkbox"/> public possible	<input type="checkbox"/> Public below	<input type="checkbox"/> *High traffic below
Doors or paths below	<input type="checkbox"/> No paths or doors	<input type="checkbox"/> Door below	<input type="checkbox"/> Path below	<input type="checkbox"/> Gate below
Ladders	<input type="checkbox"/> Stepladders	<input type="checkbox"/> Extension ladders	<input type="checkbox"/> Permanent ladders	<input type="checkbox"/> Scaffold
Mobile Equip	<input type="checkbox"/> Boom lift	<input type="checkbox"/> Scissor lift	<input type="checkbox"/> Other Describe	
Suspension	<input type="checkbox"/> Bosun's chair	<input type="checkbox"/> Swing stage		
High voltage within 6 meters	<input type="checkbox"/> No high voltage near	<input type="checkbox"/> 750V to 75 KV	<input type="checkbox"/> 75KV to 250KV	<input type="checkbox"/> 250KV to 550KV

Other Fall Hazards: IDENTIFY ALL OTHER FALL HAZARDS. USE ADDITIONAL PAGES AS NECESSARY – if unsure list

*items with this asterisk denote the need for specialized systems

Fall Protection Systems: Check off the system(s) you plan to use

Systems	<input type="checkbox"/> Guardrails – no fall 	<input type="checkbox"/> Fall Restraint – no slack/ no fall 	<input type="checkbox"/> Work Positioning  <small>Note: if over 10' or unusual risk of injury this is not a stand alone system</small>	<input type="checkbox"/> Fall Arrest – slack, possible fall 
	Systems using Control Zones		<input type="checkbox"/> For public	<input type="checkbox"/> For work area
High Voltage limits	See and attach SJP			

What components (tools) will the system(s) use:

A – Anchorage 	<input type="checkbox"/> Concrete Column	<input type="checkbox"/> Steel beam	<input type="checkbox"/> Wood structure	<input type="checkbox"/> Rebar	
	<input type="checkbox"/> Concrete wall/ ceiling	<input type="checkbox"/> Tree/ Natural	<input type="checkbox"/> counterweight	<input type="checkbox"/> Cart	
	<input type="checkbox"/> Other – describe				
A - Anchor	<input type="checkbox"/> Cast in strap	<input type="checkbox"/> Web sling/ choker	<input type="checkbox"/> Cable sling/ choker	<input type="checkbox"/> Re-use insert	
	<input type="checkbox"/> *Permanent anchor	<input type="checkbox"/> Nail in metal	<input type="checkbox"/> Beam slider	<input type="checkbox"/> D anchor	
Manufactures description/ Other list here:					
B – Body holding device	<input type="checkbox"/> Harness select the class(s) A D P E L		<input type="checkbox"/> Seat/ Chair	<input type="checkbox"/> Other	
C – connecting worker *items with asterisk require added clearance calculations	<input type="checkbox"/> Carabiner	<input type="checkbox"/> Lifeline – insert length -		<input type="checkbox"/> *D ring extension	
	<input type="checkbox"/> Rope Grab	<input type="checkbox"/> Work pos. chain	<input type="checkbox"/> Work Pos. lanyard – insert length -		
	<input type="checkbox"/> *Energy Absorbing lanyard – insert length -		<input type="checkbox"/> Twin Leg/ Bypass	<input type="checkbox"/> SR Lanyard	
	<input type="checkbox"/> SR Lifeline	<input type="checkbox"/> Temp. Horizontal lifeline	<input type="checkbox"/> *Permanent Horizontal lifeline		
	Other – list below				
C – connecting tools	<input type="checkbox"/> Hand tool lanyard	<input type="checkbox"/> Large tool tie back	<input type="checkbox"/> Material tie back	<input type="checkbox"/> Chin strap <input type="checkbox"/> N/A	

Z - Control Zone describe here	
Other – describe here	

*Indicates additional engineered requirements. See and attach SJP.

Maintenance and Inspection Requirements

Equipment:	Inspect before use	Inspect after break	Formal documented inspection as per manufacturer's specifications
Anchorage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anchorage connector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body holding device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection - worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection – tools/ product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete system inspected & tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total fall clearance calculated	<input type="checkbox"/> N/A restraint only		<input type="checkbox"/> Yes it is within safe range
Are there SJP being used	<input type="checkbox"/> No – see Supervisor for instructions		<input type="checkbox"/> Yes – follow SJP
Can the system be set up with in a safe area with no fall hazard?	<input type="checkbox"/> No – see Supervisor for instructions		<input type="checkbox"/> Yes – follow mfg. instructions
Can the system be dismantled in a safe area with no fall hazard?	<input type="checkbox"/> No – see Supervisor for instructions		<input type="checkbox"/> Yes – follow mfg. instructions

Rescue Consideration

Is fall restraint your only system?	<input type="checkbox"/> No – proceed to next section	<input type="checkbox"/> Yes	
	Is work area accessible without the need to climb a ladder or use fall protection systems	<input type="checkbox"/> No – proceed to next section	<input type="checkbox"/> Yes – technical rescue not needed

Suspended worker comfort

Comfort/ trauma reduction	<input type="checkbox"/> Trauma suspension. straps	<input type="checkbox"/> Prussic loops	<input type="checkbox"/> Endless loop	<input type="checkbox"/> N/A
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Rescue

Conscious uninjured minor injury	<input type="checkbox"/> Ladder	<input type="checkbox"/> Rolling scaffold	<input type="checkbox"/> Lower level	<input type="checkbox"/> *Mobile work Platform
	<input type="checkbox"/> DEP Box	<input type="checkbox"/> Manufacture rope rescue system	<input type="checkbox"/> Fire Service	<input type="checkbox"/> In house team/ private team
	Other:			

Conscious injured unable to effectively help OR Unconscious	<input type="checkbox"/> DEP Box	<input type="checkbox"/> Fire Department Agreement in place	<input type="checkbox"/> Manufacture rope rescue system with remote connect	<input type="checkbox"/> In house team/ private team
	<input type="checkbox"/> Rolling Scaffolding	Other –		

Key information

Does worker have a method of summoning rescue on him	<input type="checkbox"/> Cellular phone	<input type="checkbox"/> Whistle	<input type="checkbox"/> Horn	<input type="checkbox"/> Fellow workers nearby
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If using mobile work platform who is qualified operator	Name:	Contact info:
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Notification hierarchy	Air horn number of blasts -	Location(s) of air horn -
	Radio channel -	CSO Cellular phone -
	Superintendent Cellular phone –	
	Supervisor Cellular phone -	

1. Stay safe and calm
2. Notify key personnel and provide;
 - a. Location of suspended worker (i.e. Balcony's Tower - South side - floor 12)
 - b. Length of time worker has been suspended
 - c. Level of consciousness of suspended worker
 - d. Injuries (if present and known)
3. Provide and secure a backup fall protection system if possible/needed.

Reviewed and Approved

Plan Prepared By:		Date
Plan Reviewed By:		Date
Plan Approved By:		



SITE SPECIFIC FALL PROTECTION PLAN

Personnel Training

By signing below, I acknowledge and have;

- Read, understood and will follow the manufacture's instructions on proper use, maintenance and inspections of the equipment reference in this plan.
- Will follow, adhere to the plan while carrying out the tasks covered under this plan
- Will stop work if there are deviations from the plan and will report to my supervisor for instructions.

No.	Name	Signature	Date
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Notes and sketch area