

<b>Company &amp; Site Details:</b> Company Name: _____ Job Site #: _____ Date: _____ Civic Address: _____ Start Time: _____ End Time: _____				<b>Nature/Description of Work:</b> _____ _____ _____				<b>Weather Conditions:</b> Temperature: _____ Sunny   Rain   Cloudy   Snow   Freezing Rain Wind: _____ (km/ Hr) Direction: _____ Wind Chill Factor: _____			
<b>List of Applicable Health and Safety Regulations</b>				<b>Applicable CSA Standards</b>				<b>Primary Tools and Equipment to be Used:</b> _____			
OHS Act	WHSR	OSGR	WHMIS	Z797 Scaffolding	Z259.10 Harnesses	Z259.2.2 SRL	Z259.16 Design	_____	_____	_____	_____
LOTO Regulations	Fire Regulations	First Aid Regulations	Confined Space	Z271 Suspended Platforms	Z91 Suspended Operations	Z259.2.1 Lifelines	ANSI A10.11	_____	_____	_____	_____
				Z259.11 Absorbers	Z259.12 Connectors	Z259.13 HLL	Z259.1 Body Belts	_____	_____	_____	_____
								_____	_____	_____	_____
<b>Fall Hazards Anticipated</b>						<b>Hazardous Activities</b>					
Uncovered Opening		3m or 10' above a safe surface		Exposed hazardous material		Welding		Grinding		Painting	
Surface or item that can cause injury to person(s)		Poor housekeeping		Access & Egress		Cleaning		Caulking		Pneumatic Tool Use	
Pit or Vat		Drowning				Cutting		Prodding		Burning	
						Abrasive Blasting		Electrical Tool Use			
<b>Fall Protection System/ Control to be Used</b>						<b>Anchorage to be Used</b>					
Guardrail		Temporary Flooring		Personnel Safety Net		Engineered Anchor Point		Temporary Roof Anchor		OWSJ	
Travel Restraint System		Safe Work Practices		Safe Work Procedures		Beam Flange		Cam Anchor		Mono-Rail Track	
Fall Arrest System						Horizontal Lifeline		Tripod		Davit Arm	
Policy # _____											
<b>Clearance Distance from work area to safe surface</b>						<b>Swing Fall Procedure</b>					
Height of worker: 6 feet (not less than 6 feet per worker)						_____					
Lanyard Length						_____					
Lanyard Expansion						_____					
Safety Factor (3 feet)						_____					
<b>Total</b>						_____					
Actual Distance from work to surface						_____					
<b>Clearance</b>						_____					

**Protection Assembly/ Inspection/ Use/ Removal Procedure:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fall Protection Inspection Schedule:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fall Protection Rescue Procedure:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Additional Site Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Identification of Personnel Qualified to Work**

Print	Signature	Trained	Briefed	Print	Signature	Trained	Briefed
		Yes/ No	Yes/ No			Yes/ No	Yes/ No
		Yes/ No	Yes/ No			Yes/ No	Yes/ No
		Yes/ No	Yes/ No			Yes/ No	Yes/ No
		Yes/ No	Yes/ No			Yes/ No	Yes/ No
		Yes/ No	Yes/ No			Yes/ No	Yes/ No
		Yes/ No	Yes/ No			Yes/ No	Yes/ No

**How is Fall Protection plan to be communicated?**

Tool Box Talk	Fall Protection briefing	Site Safety Orientation	Site Staff Meeting	
Responsible Site Supervisor		Signature of Responsible Site Supervisor		