

Company & Site Details: Company Name: _____ Job Site #: _____ Date: _____ Civic Address: _____ Start Time: _____ End Time: _____	Nature/Description of Work: _____ _____ _____	Weather Conditions: Temperature: _____ Sunny Rain Cloudy Snow Freezing Rain Wind: _____ (km/ Hr) Direction: _____ Wind Chill Factor: _____
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List of Applicable Health and Safety Regulations				Applicable CSA Standards				Primary Tools and Equipment to be Used: _____ _____ _____ _____ _____
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	

Fall Hazards Anticipated			Hazardous Activities		
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	

Fall Protection System/ Control to be Used			Anchorage to be Used		
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 # _____					

Clearance Distance from work area to safe surface		Swing Fall Procedure	
Height of worker: 6 feet (not less than 6 feet per worker)			
Lanyard Length			
Lanyard Expansion			
Safety Factor (3 feet)			
Total			
Actual Distance from work to surface			
Clearance			

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		