This Fall Protection Plan must be completed if work from heights is being done at a location where workers are not protected by permanent guardrails, and from which a fall of 7.5 m (25 ft) or more may occur, or when alternative safe work procedures acceptable to WorkSafeBC are used.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SITE-SPECIFIC & WORK DETAILS** | | | | |
| **LOCATION:** |  | | | |
| **REQUIRED WORK:**  **(List ALL applicable work activities)** |  | | | |
| **FALL HAZARDS:** | Is the fall hazard greater than 7.5 m (25 ft)? | | | Yes No |
| What is the fall distance? | | | (m or ft) |
| Are alternative safe work procedures acceptable to WorkSafeBC being used? | | | Yes No |
| Is this a sloped roof? | | | Yes No |
| If sloped roof, what is the angle of slope? | | | (angle) |
| **WORKING AT HEIGHT HAZARDS:**  **(Select ALL that apply)** | Environmental conditions (e.g. temperature, ice, rain, heavy winds) | | | |
| Wet or oily surfaces | | | |
| Slippery surfaces with limited or no traction | | | |
| Spills | | | |
| Loose floor materials | | | |
| Inadequate lighting | | | |
| Uneven walking surfaces, tripping hazards | | | |
| Overhead hazards | | | |
| Pedestrian and traffic control below | | | |
| Equipment, machinery, materials below | | | |
| Work carried out at an elevation relative to unguarded edge | | | |
| Use of tools or other equipment in work area increases risk | | | |
| Other (explain): | | | |
| **FALL PROTECTION SYSTEMS TO BE USED** | | | | |
| **Identify the fall protection systems to be used at the worksite to protect workers from the fall hazard** | Guardrails/parapets | | | |
| Fall restraint | | | |
| Fall arrest | Fall Arrest – What is the calculated fall clearance distance? (ft) | | |
| Alternate safe work procedures – control zones and safety monitors | | | |
| Alternate safe work procedures – other (explain): | | | |
| **Identify the fall protection equipment to be used at the worksite to protect workers from the fall hazard** | Full body harness | | | |
| Anchorage point | Permanent anchor | Is anchor point certified? Yes No | |
| Temporary anchor (e.g. structural beam, column) | | |
| Anchorage connectors (e.g. slings, beam clamps) | | |
| Lanyard | Energy absorber | | |
| Self-retracting device (e.g. self-retraining lifeline) | | |
| Vertical lifeline | Fall arrester (e.g. rope grab, cable grab, fixed rail grab) | | |
| Horizontal lifeline | Is horizontal lifeline certified? Yes No | | |
| Warning lines for control zone and safety monitors | | | |
| Other (explain): | | | |
| **WORK PROCEDURES** | | | | |
| **Describe detailed procedures to assemble, inspect, use, maintain and dismantle the fall protection equipment identified above.**  **Include drawings of site plan (e.g. anchor locations)** |  | | | |
| **RESCUE PLAN** | | | | |
| **Describe detailed procedures that will be followed if a worker falls and needs to be rescued.** |  | | | |

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| **SIGN-OFF** | | | |
| Workers signing this form acknowledge they have reviewed this fall protection plan and understand the requirement to use fall protection. | | | |
| **DATE** | **NAME (PLEASE PRINT)** | **SIGNATURE** | **TRAINED IN FALL PROTECTION (within past 3 years)** |
|  |  |  | Yes No |
|  |  |  | Yes No |
|  |  |  | Yes No |
|  |  |  | Yes No |
|  |  |  | Yes No |
|  |  |  | Yes No |

|  |  |  |
| --- | --- | --- |
| **THIS FALL PROTECTION PLAN WAS COMPLETED BY:** | | |
|  |  |  |
| **NAME (PLEASE PRINT)** | **SIGNATURE** | **DATE** |