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.

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| **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 |

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