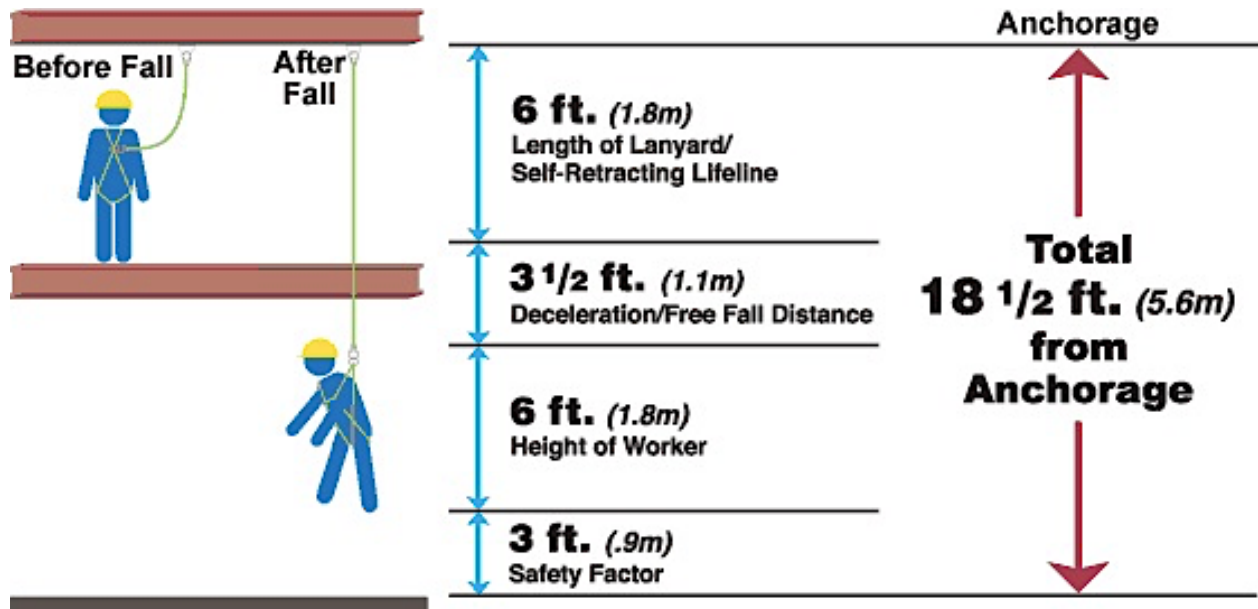


Fall Protection Plan

DATE ISSUED: / /		TIME ISSUED: ☐ AM ☐ PM	
Supervisor (print)		Employee 3 (print)	
Employee 1 name (print)		Employee 4 name (print)	
Employee 2 name (print)		Employee 5 name (print)	
EMERGENCY SERVICES NUMBER			
WORK LOCATION			
TASK DESCRIPTION			
METHOD FOR FALL PROTECTION RESCUE:			
COMMUNICATION METHOD:	☐ radios ☐ line of site ☐ verbal ☐ other		
PLANNED SAFETY PRECAUTIONS			
☐ YES ☐ NO	Hazard assessment conducted?		
☐ YES ☐ NO	Fall protection equipment inspected?		
☐ YES ☐ NO	Anchorage point adequate?		
☐ YES ☐ NO	Fall protection plan includes calculated fall distances, stretch and deceleration?		
☐ YES ☐ NO	Are employees working below protected from falling objects?		
☐ YES ☐ NO	Has scaffolding been inspected?		
☐ YES ☐ NO	Toeboards and railings in good, working order?		
☐ YES ☐ NO	Employees informed and aware of the plan?		
☐ YES ☐ NO	Holes and floor openings protected?		
☐ YES ☐ NO	Skylights protected?		
☐ YES ☐ NO	Excavations protected?		
☐ YES ☐ NO	Fall Protection Plan approved by a competent person?		
PLAN AUTHORIZATION			
☐ yes ☐ no	Are fall protection means acceptable?		
Supervisor Signature			
Fall Protection Competent Person Signature			
Employees involved Signatures			

Fall Protection Plan



CALCULATIONS

Distance from anchorage to lower level:	
Lanyard length:	
Deceleration distance:	
Height of worker:	
Safety factor:	
Calculation:	LANYARD LENGTH + DECELERATION DISTANCE + HEIGHT OF WORKER + SAFETY FACTOR = TOTAL CALCULATED FALL DISTANCE
Total calculated fall distance:	
Total safety clearance:	
☐ YES ☐ NO	IS THE SAFETY CLERANCE GREATER THAN THE CALCULATED FALL DISTANCE?
☐ YES ☐ NO	APPROVAL?
APPROVAL SIGNATURE:	