

## Site Specific Fall Protection Plan

### 11.3 Fall protection plan

- (1) The employer must have a written fall protection plan for a workplace if
- (a) work 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 (b) section
  - (b) 11.2(5) applies.
- 11.2 (5) If subsection (4) is not practicable, or will result in a hazard greater than if a fall arrest system or a rope access system was not used, the employer must ensure that work procedures are followed that are acceptable to the Board and minimize the risk of injury to a worker from a fall.
- (2) The fall protection plan must be available at the workplace before work with a risk of falling begins.

### General Information

<b>Site Address:</b>	<b>Date:</b>
<b>Site Description:</b>	
<b>On Site Location of Work:</b>	
<b>Task:</b>	
<b>Superintendent:</b>	<b>CSO * OFA:</b>
<b>Task Supervisor:</b>	<b>Company:</b>
<b>Phone Number:</b>	<b>Number of Workers:</b>

### Heights, Distance and System

<b>Hight Worker will be:</b>		<b>Max Hight of Structure:</b>
<b>Roof Slope</b> (if applicable)	<b>Distance to Powerlines:</b>	<b>Are they Covered?</b>
<b>Type of Fall Protection to be used:</b> <input type="checkbox"/> Fall or Travel Restraint <input type="checkbox"/> Guard Rails in place <input type="checkbox"/> Fall Arrest <input type="checkbox"/> Safety Control Zone <input type="checkbox"/> Safety Monitor		
<b>Mobile Equipment to be used</b>		

### Identify all fall hazards associated with this task:


**FREEBIRD SAFETY SERVICES**

**(604) 226-5933**

**Safety In place**

<input type="checkbox"/> First Aid Attendant on Location	<input type="checkbox"/> Mandatory PPE is being worn
<input type="checkbox"/> Area below taped off	<input type="checkbox"/> Plan for Debris Removal in Place
<input type="checkbox"/> Rescue Plan in Place	<input type="checkbox"/> Hazards Removed or Engineered Out

**Mark (X) all fall protection equipment/system to be used (refer to 11.3(3) (b) Fall Protection plan):**

<input type="checkbox"/> Fall Arrest Anchors_____	<input type="checkbox"/> Horizontal Life Line
<input type="checkbox"/> Fall Restraint Anchors_____	<input type="checkbox"/> Safety Monitor
<input type="checkbox"/> Slings / Synch Straps	<input type="checkbox"/> Temporary Guardrails
<input type="checkbox"/> Spectra Sling (5000lbs)	<input type="checkbox"/> Vertical Life Line
<input type="checkbox"/> Cable Dog Leash	<input type="checkbox"/> Rope size and Rope Grab_____
<input type="checkbox"/> Condor Concrete Anchor	<input type="checkbox"/> Full Body Harness
<input type="checkbox"/> Winged Roof Plates	<input type="checkbox"/> Waist Belt and Belly Straps or Chains
<input type="checkbox"/> I-Beam Clamp	<input type="checkbox"/> Lanyard * Fall Arrest_____
<input type="checkbox"/> Structural Anchor Point_____	<input type="checkbox"/> Lanyard * Fall Restraint_____
<input type="checkbox"/> Carabineers	<input type="checkbox"/> Retractable Lanyard.
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other_____

**Excretion Ladder Usage**

<input type="checkbox"/> Set up on a firm and level base	<input type="checkbox"/> Roof Access 3 rungs, 1M or 3' past top
<input type="checkbox"/> 4:1 Ratio * Vertical to Horizontal	<input type="checkbox"/> Secured at top and bottom

**Scope of Work (SOW)**

What is the nature of the work? If changes occur, stop and revise this document and inform all parties involved.


If you need more room, use the reverse side of this document, or attach a separate piece of paper to the back

**Procedure(s) for special assembly, maintenance, inspection, use and disassembly of the fall protection system(s) (Attach pre-printed manufacture's procedures, if required).**


**User instructions of the fall protection system(s);  
(Attach pre-printed manufacture's procedures as required)**

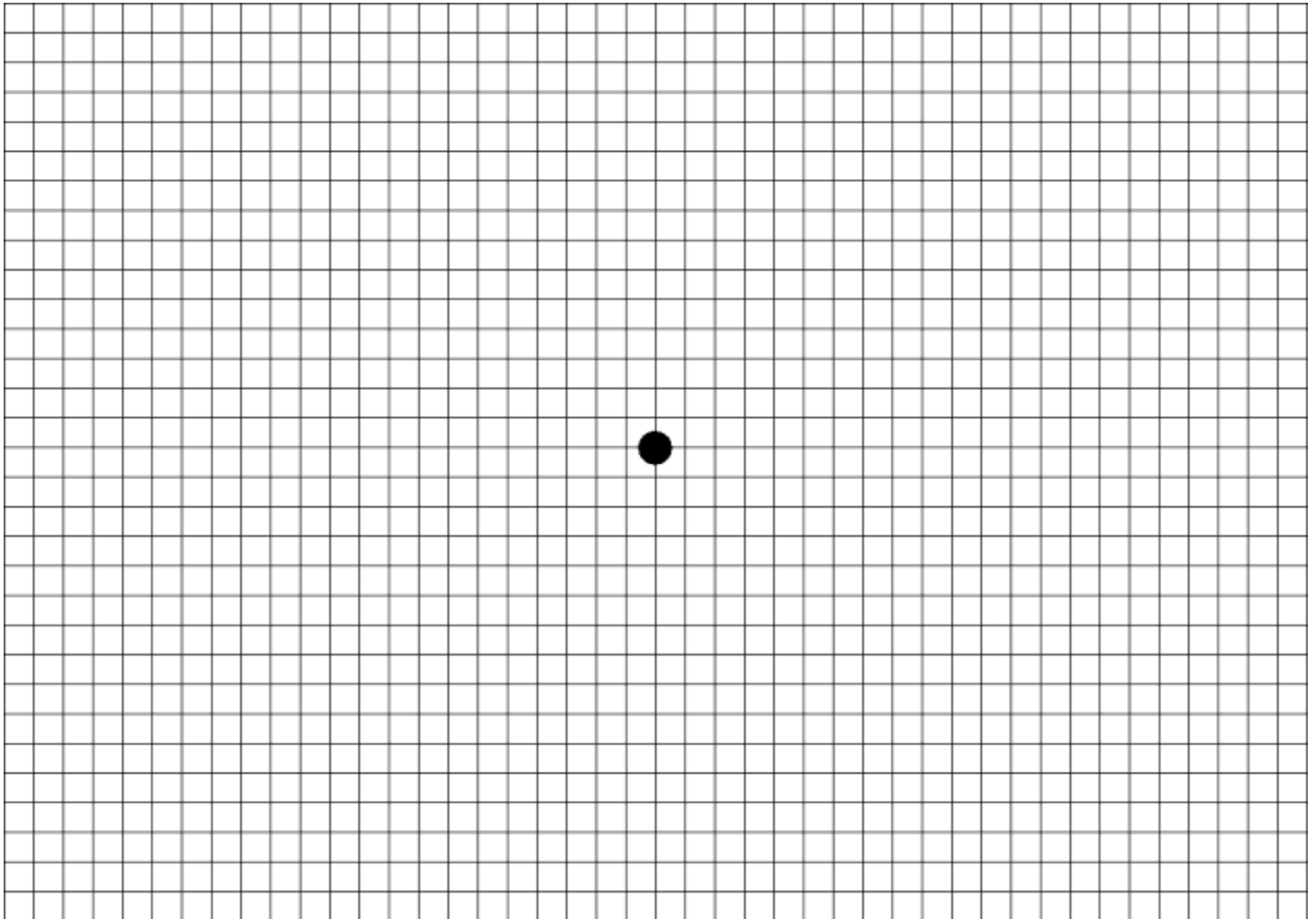

**Rescues procedures for the rescue of a fallen worker:**


## Sketch Out the Job Site

This area may be used for sketching out the job site or roofline.  
It may also be used for a rescue plan or task planning

### Map Legend (What's on the map)

Icon	Description	Icon	Description



**Personal involved and Participation in a Toolbox Meeting prior to work commencing is mandatory.**

All individuals in the work area must know the location and contents of the fall protection work plan. The individuals signing below have ensured that all work and fall protection considerations described within this work plan are known and understood by all those affected by this plan.

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

_____ Name (please print)	_____ Signature	_____ Date
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**Notes**


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