



# WORKING AT HEIGHTS FALL PROTECTION PLAN

Company/Worksite Name: \_\_\_\_\_

Address/Location.: \_\_\_\_\_

## 1. FALL HAZARDS

Identify all existing & potential fall hazards associated with the work site.


## 2. FALL PROTECTION SYSTEMS TO BE USED

Identify the fall protection systems to be used at the work site to protect workers from each fall hazard listed in Section 1.


## 3. ANCHORS TO BE USED DURING WORK

Identify the anchors that workers are to use (both engineered and improvised).


## 4. CLEARANCE DISTANCE(S) TO BE CONFIRMED


## 5. PROCEDURES

Identify detailed procedures to assemble, inspect, use, maintain & dismantle the fall protection system(s) identified in Section 2.




## WORKING AT HEIGHTS FALL PROTECTION PLAN

### 6. RESCUE PLAN

Describe the procedures that are to be followed if a worker falls and needs to be rescued.


**Developed by:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### 7. WORKER SIGNATURE LIST

Workers who sign this form acknowledge that they have reviewed and understood this Fall Protection Plan.

Date	Print Name	Signature	Fall Protection Equipment Training Received?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No