FALL PROTECTION PLAN TEMPLATE

Company Name: _____

Address: _____

Prime Contractor: _____

Name of Person Completing Plan: _____

Date Prepared: _____

Scope of Work Involving Fall Hazards: _____

1. Hazard Assessment (Per OHS Code s. 7 & Part 9)

Identify all fall hazards where a worker may fall 3 metres or more, or where injury could occur regardless of height.

Fall Hazard | Location | Height (m) | Risk Level | Comments

_____

_____

_____

Other Potential Hazards: (Y or N)

- Unguarded edges ____

- Leading edges ____

- Roof work ____

- Ladders / scaffolds ____

- Openings / floor holes ____

- Fragile surfaces ____

- Elevated equipment ____

2. Selected Fall Protection Method(s)

A. Preferred Controls: (Y or N)

- Guardrails ___

- Temporary work platforms ___

- Scaffolds (Engineered) ___

- Completed structural floors ___

- Telehandlers / MEWPs (with tie-offs) ___

B. Personal Fall Protection Systems: (Y or N)

- Travel restraint ___

- Personal fall arrest system (PFAS) ___

- Work positioning system ___

- Horizontal lifeline (engineered) ___

- Vertical lifeline / SRL ___

- Anchor point system ___

- Safety nets (engineered) ___

5. Fall Distance Calculations

Required Clearance:

     A. Distance from anchor to rope grab _____
     B. Length of shock absorber. ____
     C. D-ring slippage (typically 1') _____
     D. Height of D-ring form anchor level. ____
     E. Safety factor (minimum 2') _____
     F. Sum of A+B+C+D+E ___
     G. Distance from anchor point to surface below ____

    (E must be a shorter distance than G) (Y or N)

___ Meets requirements   ___ Does NOT meet requirements

7. Rescue Plan (Mandatory – OHS Code s. 139(1)(e))

Rescue Methods:

- On-site rescue team ___

- Use of aerial lift ___

- Ladder / structure-based retrieval ___

- Assisted self-rescue ___

- Rope-based rescue system ___

- Emergency services (secondary) ___

Rescue Equipment Available:

_____

Rescue Team Members:

1. _____

2. _____

3. _____

Estimated Rescue Time: _____

10. Sign-Off

Supervisor Name: _____

Signature: _____

Date: _____

Workers (I have reviewed and understand this plan):

Name | Signature | Date

_____

_____

_____