



SECTION 1: SITE DETAILS

Site Address:		Date:
Site Description:	Employer:	
Work Area:		

SECTION 2: DESCRIPTION OF WORK ACTIVITIES

SECTION 3: DESCRIPTION OF FALL HAZARDS

Max height (peak):	Max height (eaves):	Max height (other):
Roof slope(s), if applicable:		
Proximity to high voltage power lines:		
Ground cover / hazards:		
Other / comments:		

ADDITIONAL FALL HAZARDS

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SECTION 4: TYPE OF FALL PROTECTION TO BE USED

Item	System Requirements
<input type="checkbox"/> Fall restraint	
<input type="checkbox"/> Fall arrest	
<input type="checkbox"/> Temporary guardrail system	

SECTION 8: LADDER SETUP

Set up on a firm, level base

Extends approx. 1m (3 feet) past edge of roof

Set up 4:1 (vertical:horizontal)

Secured / tied off

SECTION 9: FALL PROTECTION SYSTEM SPECIAL ASSEMBLY PROCEDURES

SECTION 10: RESCUE PROCEDURES FOR A FALLEN WORKER

SECTION 11: NOTES



SECTION 12: WORKER SIGN-OFF

By signing below, I acknowledge that I have reviewed the fall protection requirements and procedures for this site with my supervisor and understand my responsibilities, specifically the requirement to use personal fall protection.

Name (print)	Signature	Company
1		
2		
3		
4		
5		
6		
7		
8		
9		
Supervisor Name	Signature	Date

