



**DALHOUSIE
UNIVERSITY**

**Department of
Facilities Management
Occupational Health and Safety**

**Fall Protection Safe Work Plan Fall Distance
of 7.5M or More**

When employees are involved in jobs with a risk of falling they must:

- Use fall protection as required in Section 21.2 of the Workplace Health and Safety Regulations,
- Complete a fall protection hazard assessment form
- Complete this work plan prior to starting any work
- Implement the control measures required to deal with identified hazards.
- Follow this plan until the work is completed.

Shop:	Responsible Supervisor at Worksite:
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Work Site Address:	Date:
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List the Work to be Performed:

Provide a Description of the Work:

Estimated Duration of Job:

List the Tools and Equipment to be Used to Perform the Work:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Applicable OHS Legislation, Regulations, CSA Standards and FM Procedures:

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-
-
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List Hazards Identified in the Worksite Hazard Assessment Form

(Use additional sheets of paper if necessary.)

List Fall Hazard Control Measures To Be Implemented (Use additional sheets of paper if necessary.)

Should Safe Job Procedures and Safe Work Practices be Reviewed? Yes No

NOTE: As a minimum, safe job procedures and safe work practices, including those for tools and equipment, should be reviewed if employees have not performed a job for a while, or, tools or equipment have not been used for while.

List Safety Measures To Be Taken During Adverse Weather Conditions.

Type of Fall Protection Systems to be Used

- Travel Restraint System Fall Arrest System Guardrails
 Personnel Safety Nets Temporary Flooring

List the Personal Protective Equipment to be Used

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has Personal / Fall Protection Equipment Been Inspected? Yes No

List Any Fall Protection System Special Assembly Procedures Required

Describe the Type of Anchorage(s) That Will Be Used

If a fall arrest system will be used refer to Section 8.1 of the Fall Protection and Scaffolding Program to confirm that the length of the lanyard and the energy absorber are correct for the clearance distance below the work area and nearest safe surface or water. (SHOW CALCULATIONS)

List any surface or thing, or, exposed hazardous materials in an open pit, tank or vat that

could injure a person if they fell and the recommended procedures to eliminate or minimize the likelihood of injury.

Are there hazards associated with the potential for swing as a result of anchorage placement when a fall arrest system is being used? **Yes** **No** If Yes is checked, list the procedures / control measures that will be used to eliminate or minimize the hazards.

List the procedures to be used to assemble, inspect, use and disassemble the fall protection system(s) to be used.

List the procedures to be used to assemble, inspect, use and disassemble the fall protection system(s) to be used.

Record the schedule to be followed for inspection of fall protection systems and list the person, or persons that will be responsible for the inspections.

Has a Rescue Plan Has Been Prepared? **Yes** **No**

A copy of the completed rescue plan must be attached to Safe Work Plan.

Have all employees that will be exposed to a hazard of falling on this job successfully completed an approved fall protection training program?

Yes **No**

If the answer is "No" the employee or employees cannot perform any work where there is a hazard of falling until they have received the required training.

Employee Sign-Off

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

Print Name	Signature	Shop

Responsible Supervisor _____

Date _____

Version: 1	Effective Date: April 2015	Revision Date:
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