



**DALHOUSIE
UNIVERSITY**

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

**Safe Work Procedure for Fall Distances of
Less than 7.5m**

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:

Person with Supervisory Responsibility for Work:

Work Site Address:

Date:

List the Work to be Performed:

Provide a Description of the Work:

Estimated Duration of Job:

List the Tools and Equipment to be Used:

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

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

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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 paper if necessary.)

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

NOTE: As a minimum, relevant safe job procedures and safe work practices 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 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

Has a Rescue Plan Has Been Prepared? Yes No

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

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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