FALL PROTECTION PLAN

Workers must review and sign this fall protection work plan prior to starting work in an area where a hazard of falling exists. Workers must understand this plan and be trained in fall protection and the systems and equipment that will be used. This plan must be posted at the school/worksite for the duration of the work activities.

SCHOOL/WORK LOCATION:

DESCRIPTION OF JOB OR TASK:

SUPERVISOR IN CHARGE:	**PHONE/CELL:**

EFFECTIVE PERIOD FOR PLAN

From (D/M/Y):	**TO (D/M/Y):**

FALL HAZARDS TO BE PROTECTED AGAINST *(Be specific)*

FALL PROTECTION SYSTEMS USED *(Be specific)*

DESCRIPTION OF PROCEDURES (**Check** all that apply and add additional controls in the available space)

Aerial Platform Operator's Manual Read	☐
Field Level Hazard Assessment Completed	☐
Review of Safe Work Guidelines Working from Heights	☐
Personal Protective Equipment Inspection	☐
Pre-operation Inspection and Function Test	☐
Affected individuals aware of this plan	☐
Other	☐

TRAINING CERTIFICATION (Name of person(s) trained to work under this plan)

NAME	SIGNATURE	EXPIRY DATE

RESCUE PLAN PROCEDURE

Supervisor's Signature _____ Date _____

Sketch of work Area