



FALL PROTECTION AND RESCUE PLAN

CF-S-28

The Fall Protection and Rescue Plan is a tool for job planners and workers to use in planning the fall protection components of any non-routine or planned job involving working at heights. A fall protection system must be used when work is being done at a work area in which a fall of 3 metres (i.e. 10 feet) or more, where a fall from a lesser height involves an increased risk of injury, or where specific client or site requirements dictate (i.e. 6 feet). This form is designed to ensure the hazards to workers are considered before work commences and regulatory requirements for fall protection are met.

Instructions:

- Workers required to use fall protection shall complete and sign this form. A job supervisor should review the form.
- The form should be attached to the HIAC/THA form completed for the task that requires use of fall protection.

General Information		
Business Unit: _____	Project #: _____	Date: MM/DD/YYYY
Safe Work Permit #: _____	Job #: _____	Elevation (meters): _____
Scope of Elevated Work: _____		
Elevated Work Location: _____		
Are there obstructions below? ☐ Yes ☐ No Is there a risk of impalement? ☐ Yes ☐ No		
If yes, describe obstructions: _____		
Workers To Perform Work At Heights:		
Have all workers been trained and involved in the fall protection and rescue planning? ☐ Yes ☐ No		
If no, explain: _____		
Engineering Control Details:		
☐ Scaffolding ☐ Guardrails/Toe-boards ☐ Aerial Platform ☐ Scissor lift ☐ Man Lift		
Pre-use inspection completed? ☐ Yes ☐ No Comments: _____		
Fall Protection Equipment Details		
☐ Full Body Harness: ☐ Bosun's Chair: ☐ Cable Slider/Carabineer:		
Pre-use inspection completed? ☐ Yes ☐ No Comments: _____		
Lanyards		
☐ Lanyard-Regular Length: ☐ Shock Absorbing Lanyard Length: ☐ Lanyard Rope Length:		
☐ Y-Lanyard Length: ☐ Lanyard-Cable Length: ☐ Retractable Lanyard (SRL)		
Pre-use inspection completed? ☐ Yes ☐ No Comments: _____		
Lifelines		
☐ Vertical Lifelines ☐ Horizontal Lifelines Pre-use inspection completed? ☐ Yes ☐ No		
Comments: _____		
Anchor Slings		
☐ Cable Anchor Slings ☐ Webbing Anchor Slings Pre-use inspection completed? ☐ Yes ☐ No		
Comments: _____		



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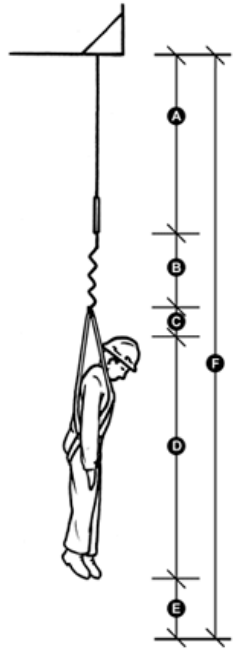
Fall Arrest Anchor Details

Permanent anchor available? ☐ Yes ☐ No Appropriate anchor point(s) selected? ☐ Yes ☐ No

Describe anchor:

Is Client or Engineer approval needed? ☐ Yes ☐ No If yes, was the design reviewed? ☐ Yes ☐ No

Fall Distance Clearance Required (from selected anchor)

Variable	Feet	Metres	
A. Lanyard Length			
B. Shock Absorber Deployment			
C. D-Ring Slide (includes harness stretch)			
D. Average Workers Height (Heels to Rear D-ring)			
E. Safety Distance (0.6 metre min)			
F. Clearance Requirement (add items A-E):			

Other Considerations:

Controls in Place? Describe

Has the Swing Factor been considered? ☐ Yes ☐ No ☐ Yes ☐ No

Hot slag or debris falling to area below? ☐ Yes ☐ No ☐ Yes ☐ No

Worker's exposure to heat? ☐ Yes ☐ No ☐ Yes ☐ No

Concurrent Operations:

Are there concurrent operations? ☐ Yes ☐ No Will they be working in close proximity? ☐ Yes ☐ No

Have they been informed? ☐ Yes ☐ No Have controls been put in place? ☐ Yes ☐ No

If yes, which controls? ☐ Barriers ☐ Flags ☐ Signage Other: _____

Rescue Systems for Site (List the rescue service or methods in the event of emergency)

Rescue Plan:

Response Location: _____

Emergency Contact on Site: _____ Phone #: _____

Rescue Equipment Location: _____

Supervisor (Print Name)

Signature