

# FALL PROTECTION PLAN

## **A Site Information**

Nature of work:		Duration of work:	
Description of work:		Location of work:	
Tools & Equipment:		Effects of weather:	
Designated Competent Supervisor:			Date:
Regulations:	<input type="checkbox"/> OH&S Act <input type="checkbox"/> WHSRs <input type="checkbox"/> OSGRs <input type="checkbox"/> First Aid Regs <input type="checkbox"/> Other" _____ <input type="checkbox"/> Other" _____		
Training required:	<input type="checkbox"/> NS Fall Protection <input type="checkbox"/> Elevated Work Platform <input type="checkbox"/> Scaffold Use and/or Install <input type="checkbox"/> Other _____		

## **B Hazard Assessment**

Checklist	YES	NO
Does work area have a fall distance over 3 meters (10 feet)?		
Will a ladder be used?		
Will scaffold be used?		
Will an elevated work platform be used? (i.e. zoom boom, scissor lift)		
Will a crane bucket be used		
Are controlled products (SDS) required?		
Is a hot work permit required?		
Is asbestos material involved?		
Is working area near overhead power/communication lines?		
Is working area near fume hoods, stocks, chimneys, or exhaust vents?		
Are anchor points available?		
Is the work area a confined space?		
Is lockout/tagout required?		
Area barricades/pylons/caution tape/signage required?		
Are spotters/traffic control required? (vehicle or pedestrian)		
Are weather conditions acceptable? (wind, rain, lightening, snow, heat, cold)		
Notification to StFX security required?		
Notification to building tenants required?		
Notification to campus community required?		
Notification to general public required?		

Task	Hazard/Hazard Source	Risk (H/M/L)	Control Measures	Person Responsible	Date Implemented

# FALL PROTECTION PLAN

## C Fall Protection Systems to be used (check all that apply)

<input type="checkbox"/> Travel Restraint	<input type="checkbox"/> Personal Fall Arrest	<input type="checkbox"/> Guardrails / Temporary Flooring / Nets	<input type="checkbox"/> Work Positioning
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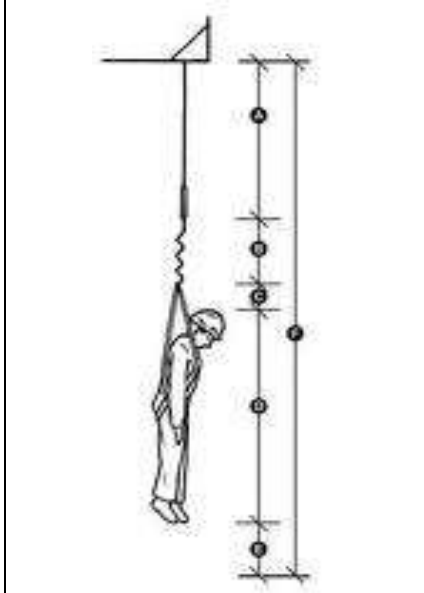
## D Fall Protection System Components to be used (check all that apply)

<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> Carabineer	<input type="checkbox"/> Work Positioning Rope
<input type="checkbox"/> Vertical Lifeline	<input type="checkbox"/> Anchorage	<input type="checkbox"/> Self-Retracting Devices
<input type="checkbox"/> Horizontal Lifeline	<input type="checkbox"/> Connecting Devices	<input type="checkbox"/> _____
<input type="checkbox"/> Lanyard	<input type="checkbox"/> Fall Arrestor / Rope Grab	<input type="checkbox"/> _____

## E Anchor Point Locations and Description

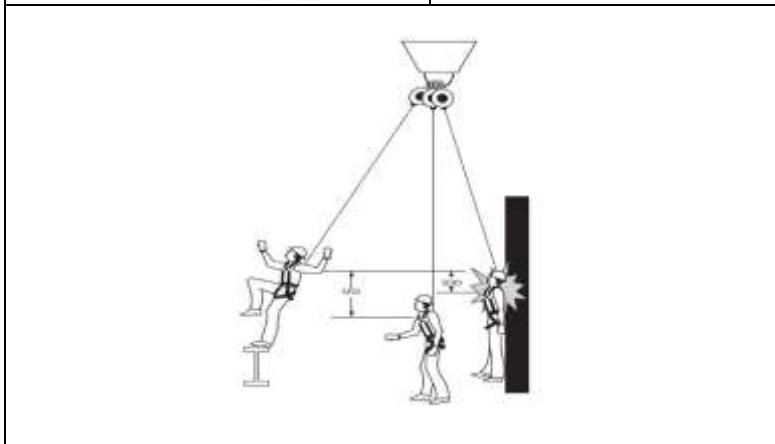

## F Calculation of Fixed Anchor Vertical Clearance Distance & Swing Fall Assessment

Not Applicable



	Length (meters)	Worker 1	Worker 2
A	Length of Lanyard		
B	Shock Absorber Elongated		
C	Harness Stretch (from top of worker's head)		
D	Height of Worker		
E	Safety Factor (0.6M)	0.6	0.6
F	Overall Minimum Clearance Beneath the Anchor		

**Assess the risk of a swing fall into any structure or hazard if no such hazard exists, then SDD is not applicable**



**Total Swing Drop Distance (SDD)**  
 (The drop in height of D-ring from the onset of the swing to the point where the worker may impact any structure). Swing drop hazard mitigation (SDHM) must include limiting workers' travel so that swinging into a structure or hazard is not possible, or is limited to forces that will not harm the worker.

**SDD Must Never Exceed 1.2 m**  
 A 1.2 m (4 ft) swing drop distance based on a requirement in CSA Standard Z259.16. The limitation tries to reduce the potential for injury in a swing fall by limiting how far a worker will drop during the swing. The velocity of a worker that swings into a structure is determined by the height dropped from the start of the swing to the point of contact.

# FALL PROTECTION PLAN

<b>G Assembly, Use, and Disassembly of the Fall Protection System</b>	
<input type="checkbox"/> Travel Restraint	<input type="checkbox"/> Worker dons properly adjusted Group A full-body harness <input type="checkbox"/> Connect lanyard to dorsal D-ring and to travel-restraint anchor <input type="checkbox"/> Adjust lanyard to ensure worker cannot travel over edge <input type="checkbox"/> Reverse steps to disconnect system
<input type="checkbox"/> Work Positioning	<input type="checkbox"/> Worker dons properly adjusted Group A full-body harness <input type="checkbox"/> Connect lanyard to waist position D-rings and to travel-restraint anchor <input type="checkbox"/> Adjust lanyard to ensure worker is held in work position <input type="checkbox"/> Connect personal fall arrest lanyard to dorsal D-ring and to fall-arrest anchor if workers' center of gravity will allow worker to fall from work position <input type="checkbox"/> Reverse steps to disconnect system
<input type="checkbox"/> Personal Fall Arrest	<input type="checkbox"/> Worker dons properly adjusted Group A full-body harness <input type="checkbox"/> Connect lanyard to dorsal D-ring and to adequate fall-arrest anchor <input type="checkbox"/> Calculate fall distance below working height and ensure adequate safety factor 0.6m <input type="checkbox"/> Use retractable lanyards when fixed lanyards do not allow for adequate safety factors <input type="checkbox"/> Reverse steps to disconnect system
<input type="checkbox"/> Vertical Lifeline	<input type="checkbox"/> Worker dons properly adjusted Group A full-body harness <input type="checkbox"/> Connect lifeline to adequate fall-arrest anchor <input type="checkbox"/> Ensure only one (1) worker attaches to the lifeline <input type="checkbox"/> Connect lanyard with fall arrester to lifeline <input type="checkbox"/> Ensure only one (1) lifeline is attached to each anchor
<input type="checkbox"/> Retractable Lifeline	<input type="checkbox"/> Worker dons properly adjusted Group A full-body harness <input type="checkbox"/> Connect retractable lifeline to adequate fall-arrest anchor <input type="checkbox"/> Ensure only one (1) worker attaches to the retractable lifeline <input type="checkbox"/> Assess the swing fall hazard <input type="checkbox"/> If a swing fall exists, limit workers' travel to ensure swing drop distance never exceeds 1.2m
<b>H Rescue Plan</b> (If personal fall arrest system is to be used, discuss suspension trauma with workers)	
<input type="checkbox"/> Self Rescue	How?
<input type="checkbox"/> Assisted Self Rescue	How?
<input type="checkbox"/> Suspension Trauma Straps	How?
<input type="checkbox"/> Ladder-Assisted Rescue	How?
<input type="checkbox"/> Boom Lift	How?
<input type="checkbox"/> Crane Basket	How?
<input type="checkbox"/> Rescue Pick-Off	How?
<input type="checkbox"/> Other Rescue	How?

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## I Inspection of Fall Protection Systems

Inspections of all Fall Protection System will be done as per manufacturer's instructions, CSA Standards and StFX policy, whichever is most strict.

## J Pre-Job Toolbox Meeting

Review of Site-Specific Hazard Assessment (Part A)       Review of Fall Protection Plan

Topics / Worker Concerns / Suggestions:

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## K Acknowledgement

*By signing this Fall Protection Plan, I acknowledge that they have received appropriate training, have attended the Pre-Job Toolbox Meeting, understand and will adhere to the method of working and conditions described in the Site-Specific Hazard Assessment and Fall Protection Plan*

Print Name	Signature	Company	Date (mm/dd/yy)

*This Fall Protection Plan outlines the potential hazards identified for work activity as documented at the time of assessment, based on known and planned work activities – as indicated above. Should there be ANY change in the conditions, potential hazards, and/or work activities, the Supervisor must be immediately notified, ALL work at heights above 3 meters must cease and the Supervisor must conduct a re-assessment. Refer to the specific work procedures for the required controls, equipment and tasks required for work at heights.*