

JOB-SITE FALL PROTECTION PLAN CHECKLIST

DATE:	
JOB-SITE ADDRESS	
SITE SUPERVISOR	
SAFETY MONITOR	
HAZARDS PRESENT AT JOB-SITE (ie. Trench, falls, falling objects, electrical, etc.)	
EMERGENCY NUMBERS:	
Hospital:	
Ambulance:	
NTS:	

SITE SET-UP	YES	NO
Are all employee's equipped with hard hats?		
Has the personal fall arrest system been inspected for damage, deterioration, etc.?		
Has a canopy or other mechanism been installed to prevent falling objects from reaching the ground? If not, explain below.		
Is the first-aid kit and rescue equipment available?		
Have all employee's been instructed as to the possible fall hazards present at the job-site?		
SITE CLOSURE		
Did any incidents/accidents occur during this installation? If yes, have accident investigation forms been completed and forwarded to the program coordinator?		
Was any first-aid equipment used? If yes, has it been replaced?		

Comments: _____

Approval to proceed with installation:

 Site Supervisor

 Safety Monitor

Return to Program Coordinator when complete