

Health and Safety Documentation

Fall Protection Rescue Form

Work Site Location:				
Name : Date :				
<i>Signature</i> :				
FALL HAZARDS Identify all existing and potential fall hazards associated with the work site				
FALL PROTECTION SYSTEMS TO BE USED Identify the fall protection systems to be used at the worksite to protect workers from the fall hazard (i.e. travel restraint, personal fall arrest system, safety net, control zone)				
PROCEDURES Identify detailed procedures to assemble, inspect, use maintain and dismantle the fall protection system				
identified above				



RESCUE PLAN Describe the procedures that will be followed if a worker falls and needs to be rescued				
	WORKERS ON SITE	E ACKNOWLEDGE	EMENT	
Workers signing thi	is form acknowledge that they have			
Workers signing thi	is form acknowledge that they have	c reviewed and understand	tins fair protection/rescue plan.	
Date	Print Name	Signature	Trained in fall protection	
			Yes No	