

**Work Site Location:** \_\_\_\_\_

**Name :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Signature :** \_\_\_\_\_

**FALL HAZARDS**

**Identify all existing and potential fall hazards associated with the work site**

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**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)**

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**PROCEDURES**

**Identify detailed procedures to assemble, inspect, use maintain and dismantle the fall protection system  
identified above**

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