

FALL PROTECTION: JOBSITE PLANNING WORKSHEET

PRE-WORK JOBSITE PLANNING WORKSHEET	
Jobsite:	Date:
Lead:	
Worksite issues:	OK?
Pre-assessment done and pre-site safety huddle performed and documented	
Sub/prime training & communication/ jobsite control	
Anchor points set by architect/ builder	
Personal protective equipment (proper shoes, hard hat, safety vest, fall gear, other) and inspected	
Work surfaces/ access/ rebar (on roof, and ground); exclusion zones	
Electrical and other hazards	
Environmental controls (heat, sun, cold, weather, insect, etc.)	
Slick roof conditions (no go policy employed)	
Roof loads/ structure/ placement specified and signed off by owner/prime	
Load placement sign off by prime or owner: _____	
Traffic control vests	
Lift placement and access control	
Fall hazards identified (internal/ external)	
Fall plan established for hazards; fall distance calculation established and sign-off by competent person: _____	
Rescue plan established	
First person up protection	
Holes/skylight/other protection	
Pendulum control	
Fall gear and harnesses tight; anchors to manufacturer specs.	
Ladder placement, securement, & roof access/egress	
Anchor points: number: _____	
Locations for 100% protection:	

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Worksite issues:	OK?
Pre-shift safety review	
All crew training current on gear, fall protection, boom, conveyor, and other needs	
Emergency contacts and communication established rescue	
Other noted concerns/ issues & controls established:	

Crew sign-off (print/ sign) I have reviewed the jobsite fall protection plan and agree to follow the plan to assure everyone's safety:

Competent person sign-off: _____ Date: _____

Return to _____, and document.

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OPERATION FALL PROTECTION PLAN SAFETY AUDIT

Operation:	Date:
Manager:	
Audit element:	OK?
Competent person specified and trained for each crew	<input type="checkbox"/>
Worker fitness evaluations complete	<input type="checkbox"/>
Pre-assessments completed correctly and comprehensively for all jobs	<input type="checkbox"/>
Pre-site safety huddles occurring to review pre-assessments, and documented	<input type="checkbox"/>
Unannounced site safety evaluations completed for all teams at least once a quarter	<input type="checkbox"/>
Only company specified fall gear and personal protective equipment (PPE) in use	<input type="checkbox"/>
<p>All staff trained with documentation:</p> <ul style="list-style-type: none"> • Written plan/ 100% protection • All fall protection gear- donning, inspection, limitations, fall distance calculation • Establishing exclusion zones • PPE • Pre-site assessment process • Environmental controls (heat, sun, cold, weather, insect, etc.) • Defensive driving • Safe lifting • Traffic control • First person up protection • Emergency contacts and communication established rescue • Slick roof conditions (no go policy employed) • Holes/skylight/other protection • Roof loads/ structure • Pendulum control • Anchor points/ installation • Ladder placement, securement, & roof access/egress • Electrical and other hazards 	<input type="checkbox"/>
Documentation of all fitness evaluations, training, pre-assessments, site surveys, audits complete	<input type="checkbox"/>
Annual refresher training done for competent persons and crews in training subjects	<input type="checkbox"/>

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JOBSITE SAFETY EVALUATION	
Jobsite:	Date:
Lead:	
At-risk behavior:	OK?
Sub/prime training & communication/ jobsite control	
Anchor points set by architect/ builder	
Personal Protective Equipment (proper shoes, hard hat, safety vest, fall gear, other) and inspected	
Work surfaces/ access/ rebar (on roof, and ground)	
Electrical and other hazards	
Environmental (heat, sun, cold, weather, insect, etc.)	
Slick roof conditions (no go policy employed)	
Roof loads/ structure	
Load placements	
Traffic control vests	
Lift placement and access control	
Fall hazards identified (internal/ external)	
Fall plan established for hazards; fall distance calculation established and sign-off by competent person	
Rescue plan established	
First person up protection	
Holes/skylight/other protection	
Pendulum control	
Fall gear tight	
Ladder placement, securement, & roof access/egress	
Anchor points: number: _____ locations for 100% protection: _____ _____	
Pre-shift safety review	
At-risk behavior:	OK?

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All crew training current on gear, fall protection, boom, conveyor, and other needs

Emergency contacts and communication established rescue

Noted Concerns/ Issues & Future Controls Established:

Return to _____, and document.