Fall Protection Plan
Additional Information

Project Information:	JOB #:	EMPLOYEE:	PHONE:	DATE:
CUSTOMER:	PROJECT:		ADDRESS:	

Check all t hat apply & put heading above each category:

WORK / TASK ☐ FALL HAZARDS ☐ FALL PROTECTION SYSTEM ☐ ANCHOR TO BE USED ☐
CLEARANCE DISTANCE ☐ RESCUE PLAN ☐

Switching Authorization

Employee Name: _____ **Signature:** _____

Customer Name: _____ **Signature:** _____

Tech Safety: _____ **Signature:** _____