



Fall Protection Plan

Project Information:	JOB #:	EMPLOYEE:	PHONE:	DATE:
CUSTOMER:	PROJECT:		ADDRESS:	
Work / Tasks:			ADDITIONAL INFORMATION <input type="checkbox"/>	
Fall Hazards (existing and potential):			ADDITIONAL INFORMATION <input type="checkbox"/>	
Fall Protection System(s) to be Used:			ADDITIONAL INFORMATION <input type="checkbox"/>	
Anchor to be Used During Work:			ADDITIONAL INFORMATION <input type="checkbox"/>	
Clearance Distance(s) to be Used:			ADDITIONAL INFORMATION <input type="checkbox"/>	
Rescue Plan:			ADDITIONAL INFORMATION <input type="checkbox"/>	
MAN BASKET <input type="checkbox"/> SCISSOR LIFT <input type="checkbox"/> LADDER <input type="checkbox"/> DESCENDER <input type="checkbox"/> SELF RETRACTING DEVICE <input type="checkbox"/> OTHER <input type="checkbox"/>				

Switching Authorization

Employee Name: _____ Signature: _____

Customer Name: _____ Signature: _____

Tech Safety: _____ Signature: _____