

# TOOLBOX MEETING GUIDE



## Written site-specific fall protection plan

Planning plays a key role in protecting workers from fall hazards. The fall protection plan template below is provided to assist in the planning process. Employers should ensure that fall protection plans are

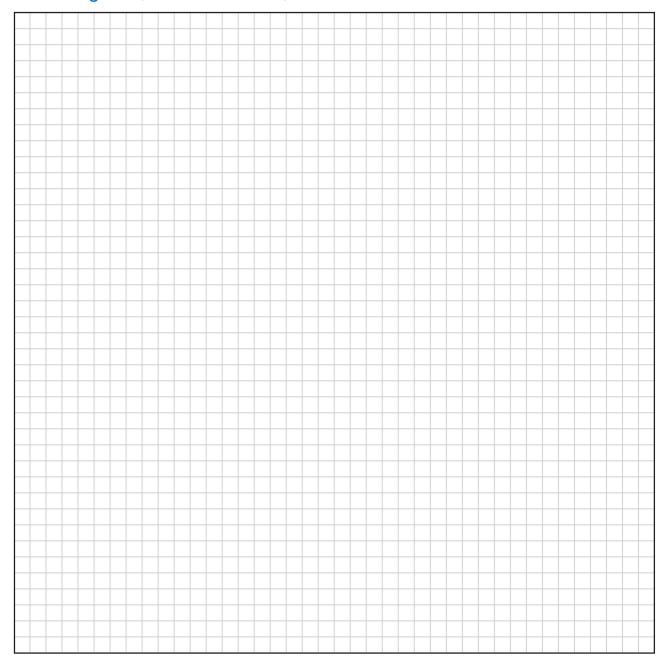
- Designed and completed to address site-specific conditions
- Compliant with the Occupational Health and Safety Regulation

Site address:				Start date:	
Site description:		E	Employer:		
Work area:					
Tasks:					
Site-specific fall haza	ards (see diagram on	page 2 for more details)			
Max. height (peak):	Υ	Max. height (eaves):		Max. height (other):	
Roof slope(s), if applicable:					
Proximity to high voltage power line	es:				
Ground cover/hazards:					
Other/comments:					
Type of fall protection	n to be used (see	e definitions on page 3)			
Fall restraint	T_			porary guardrail system	
Equipment inspection	2				
	ent/defect	Item	Comr	ment/defect	
Full body harness	ent/defect	Anchors	Com	nent/delect	
Vertical lifelines		Ladders			
Lanyards		Ladder hoist			
Rope grabs		Toeboards			

### Prior to accessing the work location

Checklist	Comments
First aid attendant/facilities/equipment	
Safety headgear available for all workers	
Bin in place	
Barricades in place	
CSA safety footwear for ground work	
Safety eyewear if nail guns to be used	

### Site roof diagram (include anchor locations)



Ladder setup	
Set up on a firm, level base	Extends approx. 1 metre (3 feet) past edge of roof
Set up 4:1 (vertical:horizontal)	Secured/tied off
Fall protection system special as	ssembly procedures
Rescue procedures for a fallen v	vorker
Fall protection definitions	
	a worker from falling from a work position, or from travelling to an ould fall.
•	a worker's fall before the worker hits the surface below.
	op rail 102 cm to 112 cm (40 in. to 44 in.) above the work surface, ately midway between the underside of the top rail and the top of the urface if no toeboard is provided.
Notes	

#### Worker sign-off

By signing below, I acknowledge that I have reviewed the fall protection requirements and procedures for this site with my supervisor and understand my responsibilities, specifically the requirement to use personal fall protection.

Name: (please print)	Signature:	Company:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
Supervisor:	Date: _	
(signature)		



Page 4 of 4