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| PROJECT INFORMATION |
| Site or Project Name |  |
| Assessment Completed By | Name Phone No. |
| Assessment Reviewed By | Name Phone No. |
| Duration of Work |  |
| Site Supervisor Name (Constructor) |  | E-Mail  |  |
| Supervisor Name (if not the Constructor) |  | E-Mail  |  |
| Police Non-Emergency No. | Fire Non-Emergency No. | Address of Nearest Hospital |
| Describe the scope of work being performed while working at heights and the associated hazards: |
| Are records of approved Working at Heights (WAH) training up-to-date and readily available? | [ ]  Yes [ ]  No |
| Are there any other training or certifications that will be required as part of the jobs / tasks to be performed. If yes describe: | [ ]  Yes [ ]  No |
| OTHER: |  |

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| INDICATE SPECIFIC TASKS WHERE WORKERS WOULD BE AT RISK OF A FALL AND THE CONTROLS THAT WILL BE NEEDED TO PROTECT THE WORKER |
| **Tasks Being Performed at Heights and Associated Fall Hazard** | **Controls (PPE (harness, lanyard, other equipment), Guardrails, Training, etc.)** | **Supervisor Initials** |
| **Example:**Stripping shingles from a roof – Worker could fall off of the roof | A vertical lifeline will be connected to a roof anchor, which is secured at the peak of the roof, and equipped with a 30” rope grab lanyard. This will be connected to a class A harness that the workers will wear. All workers will have a valid WAH certificate. | JD |
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| RESCUE PLANThese rescue procedures must be specific to the tasks being performed on the job site. This rescue plan intends to have a primary rescue method for each task and a secondary method of rescue if the first method cannot be followed. |
| Rescue Method(s) to be Used (5-minute rescue time preferred) |
| [ ]  Ladder | [ ]  Elevated Work Platform |
| [ ]  Elevator | [ ]  Pull in through window/balcony |
| [ ]  Pull up through floor | [ ]  Climb/repel down building/structure |
| [ ]  Suspended access equipment | [ ]  Crane basket |
| [ ]  Other (specify):  |

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| **Additional Rescue Equipment Required** |
| [ ]  First-aid Kit | [ ]  Stretcher |
| [ ]  AED | [ ]  Blanket |
| [ ]  Other (specify): |
| All Equipment Above is Readily Accessible  | [ ]  Yes [ ]  No |

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| TASK(S) AND ASSOCIATED PRIMARY AND SECONDARY RESCUE METHOD |
| **Task (from the above list)** | **Primary Rescue Method** | **Secondary Rescue Method** | **Supervisor Initials** |
| **Example from above:**Stripping shingles from a roof | The constructor has a genie lift on site that will be used to rescue a worker. A trained worker will be in the basket operating the equipment, the lift will be positioned near the worker and its basket will be extended under the worker and then lifted up so the fallen worker is resting safely in the basket. Once the fallen worker is in the basket, the operator will then disengage the deployed fall arrest system and lower the basket to the ground. | Should the gene lift not be available for rescue, and if the fallen worker is able to, the rescue team will attempt to place a ladder under the fallen worker that they can climb down. If this is not an option, the rescue team will make every attempt to pull the fallen worker in through a window of the house. | J.D. |
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| RESCUE TEAM |
| What Communication Methods will be used to Mobilize the Rescue Team |
| [ ]  Direct Vocal Communication | [ ]  Cell Phone/Landline |
| [ ]  Whistle | [ ]  Two-way Radio |
| [ ]  Other (specify): |
| Who will Contact the Rescue Team Members |  |

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| **Rescue Team Members** |
| Name |  | Contact No. |  |
| Name |  | Contact No. |  |
| Name |  | Contact No. |  |
| Name |  | Contact No. |  |
| Name |  | Contact No. |  |
| Name |  | Contact No. |  |
| Name |  | Contact No. |  |
| Are rescue team member trained in these rescue procedures | [ ]  Yes [ ]  No [ ]  See Below |
| Will all rescue team members be available at all times during the WAH activity | [ ]  Yes [ ]  No [ ]  See Below |
| Comments:  |

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| ACCIDENT SCENE CONTROL AND REPORTING |
| [ ]  Barriers to be Setup (tape, rope, etc.) | [ ]  Traffic/Pedestrians to be Controlled/Re-Directed |
| [ ]  Other (specify): |
| Specifically, How Will the Above Controls will be Implemented |  |
| Who will Contact 911 |  |
| Who will notify the Ministry of Labour, Training and Skills Development |  |
| Who will Notify the Employer |  |
| Who will Notify the Site Supervisor |  |
| Who will Accompany the Injured Worker Should an Ambulance be Required |  |
| Who will Investigate the Accident |  |

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| ACKNOWLEDGEMENT OF RESPONSIBILITIES WITHIN THIS PLANAND APPROVAL OF THIS FALL PROTECTION AND RESCUE PLAN |
| Supervisor Name (Print) |  |
| Supervisor Signature |  |
| Supervisor E-Mail Address |  |
| Phone Number |  |
| Date of Approval |  |

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| WORKER SIGN-OFFI acknowledge that I have read, or have had read to me, the above fall protection and rescue plan. I also acknowledge that I understand my responsibilities and agree to follow them to the best of my abilities and report where the plan's deficiencies may be identified. |
| Name (Print) | Signature | Date |
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