

Fall Protection Plan



Site:	#REF!	Start Date:
Task Description:		

Site Specific Fall Hazards

Max. Height (Peak):	Max. Height (Eaves):	Max. Height (Other):
Roof Slope(s), If Applicable:		
Proximity to High Voltage Power Lines:		
Ground Cover/Hazards:		
Other/Comments:		

Type of Fall Protection to be Used

☐ Fall Restraint	☐ Fall Arrest	☐ Temporary Guardrail System
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Equipment Inspection

Item	Comment/Defect	Item	Comment/Defect
☐ Full Body Harness		☐ Anchors	
☐ Vertical lifelines		☐ Ladders	
☐ Lanyards		☐ Ladder hoist	
☐ Rope Grabs		☐ Toeboards	

Falls Emergency Rescue Plan



Location of closest medical facility:				Approximate response time:			
Location of closest emergency services:				Approximate response time:			
Can rescue be undertaken onsite by trained personnel?			☐ Yes (Y) ☐ No (N)				
Indicate rescue equipment that will be provided:							
☐ Fibre rope (meets relevant standards) ☐ Auto-stop Descender ☐ Karabiner (number required?) ☐ Triple Lock Karabiner ☐ Rescue Knife				☐ Rescue Stretcher ☐ Round Sling ☐ Pre-rigged Control Descent Device ☐ Recovery Pole ☐ Other? (Specify)			
Provide details of communication equipment that will be used:							
Provide details of trained rescue personnel (trained within last 12 month period)	Name		Course Name			Date of Training	
Provide details of trained first aiders for rescue (trained within last 12 month period)	Name		Course Name			Date of Training	
Documented rescue plan developed? Y ☐ N ☐		Documented rescue plan rehearsed? Y ☐ N ☐			Documented Rescue plan accessible on site? Y ☐ N ☐		

Sign Off



The representatives of Elliam listed below have been involved in the creation and implementation of this Safe Work Method Statement (SWMS) and will make sure all work is carried out in accordance with this document. All workers listed below have the appropriate licence/qualifications and/or experience required to perform each job task:

Workers Name	Role	Signature	Date