

Written Fall Protection Plan

per WCB OH&S Reg. Part 11.3 & GL 11.3

Scope of Plan

Prepared for;
(Production Company)

Prepared by;

Period in effect;

Worksite(s) Address;

General description of
work being done that
required Fall Protection
Plan

Applicable Regulation

WCBC OH&S Reg. Part 11 Fall Protection

WCBC OH&S Reg. G11.3 Written Fall Protection Plan

WCBC OH&S Reg. Part 32 Evacuation and Rescue

WCBC OH&S Reg. Part 16 Mobile Equipment

Key Personnel

Name	Position	Signature

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Fall Hazards Include height, and where fall hazard is located	Fall Protection Systems Used Include all details including PPE, anchor systems, restraint vs arrest etc.

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Installation of Fall Protection Systems

Fall protection systems will be primarily temporary and will be installed by qualified personnel. in accordance with applicable regulation and standards.

Inspection of Fall Protection Systems

Permanent and installed temporary fall protection systems shall be inspected by a qualified person prior to use.

All slings, connecting hardware, cordage and harnesses used for fall restraint and worker safety shall be regularly inspected for wear or damage.

Removal of Fall Protection Systems from Service

Any personal fall protection equipment that sustains significant impact force shall be removed from service and inspected by a qualified worker. and if need be, inspected by a qualified manufacturer representative and either recertified or removed permanently from service.

All temporary fall protection systems installed will be removed from service at the end of the duty cycle by a qualified person.

Rescue Plan

Communications & Training

A copy of this Fall Protection Plan shall be kept at or adjacent to affected worksites.

All workers working under this plan shall be oriented to the plan, the fall hazards to be managed and the means to protect all work at heights.

All workers shall be appropriately trained for the methods and equipment used to protect their respective work at heights.

This written fall protection plan shall be reviewed and updated as required.

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Sign Off

Name	Position	Signature