

PROJECT INFORMATION			
Site or Project Name or Job Description			
Assessment Completed By	Name:	Phone No.	
Assessment Reviewed By	Name:	Phone No.	
Duration of Work			
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other training or certifications that will be required as part of the jobs / tasks to be performed. If yes describe:			<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER:			

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
<p>Example: Stripping shingles from a roof – Worker could fall off of the roof</p>	<p>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.</p>	<p>JD</p>
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RESCUE PLAN	
These 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)	
<input type="checkbox"/> Ladder	<input type="checkbox"/> Elevated Work Platform
<input type="checkbox"/> Elevator	<input type="checkbox"/> Pull in through window/balcony
<input type="checkbox"/> Pull up through floor	<input type="checkbox"/> Climb/repel down building/structure
<input type="checkbox"/> Suspended access equipment	<input type="checkbox"/> Crane basket
<input type="checkbox"/> Other (specify): 	

Additional Rescue Equipment Required	
<input type="checkbox"/> First-aid Kit	<input type="checkbox"/> Stretcher
<input type="checkbox"/> AED	<input type="checkbox"/> Blanket
<input type="checkbox"/> Other (specify): 	
All Equipment Above is Readily Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No



TASK(S) AND ASSOCIATED PRIMARY AND SECONDARY RESCUE METHOD			
Task (from the above list)	Primary Rescue Method	Secondary Rescue Method	Supervis or Initials
<p>Example from above: Stripping shingles from a roof</p>	<p>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.</p>	<p>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.</p>	<p>J.D.</p>
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RESCUE TEAM	
What Communication Methods will be used to Mobilize the Rescue Team	
<input type="checkbox"/> Direct Vocal Communication	<input type="checkbox"/> Cell Phone/Landline
<input type="checkbox"/> Whistle	<input type="checkbox"/> Two-way Radio
<input type="checkbox"/> Other (specify):	
Who will Contact the Rescue Team Members	

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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Below	
Will all rescue team members be available at all times during the WAH activity		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Below	
Comments:			

ACCIDENT SCENE CONTROL AND REPORTING	
<input type="checkbox"/> Barriers to be Setup (tape, rope, etc.)	<input type="checkbox"/> Traffic/Pedestrians to be Controlled/Re-Directed
<input type="checkbox"/> 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	

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

