Creating a fall protection plan for your worksite Fillable template

Planning plays a key role in protecting workers from fall hazards. A system of fall protection is required when working at heights of 3 m (10 ft.) or more, or where a fall from a height less than 3 m (10 ft.) involves a risk of injury greater than that from the impact on a flat surface. In some cases, areas accessible to workers must have guards or guardrails. See section 4.55 of the Occupational Health and Safety Regulation.

The fall protection plan template below is meant to help employers:

- Navigate the planning process
- Address site-specific conditions
- Demonstrate due diligence
- Instruct workers
- Choose fall protection systems

For information on how to use this template, see the guide *Creating a fall protection plan for your worksite: Guide to the fillable template.*

Your fall protection plan must be written down if any work will be done at heights of 7.5 m (25 ft.) or more. There are other circumstances where written work procedures (for example, "first person up, last person down") are required, as specified in section 11.3(1)(b) of the Regulation.

The fall protection plan needs to address site-specific conditions and be compliant with the Regulation. Your written plan must be available at the worksite before work at heights starts.

When using this template to develop your fall protection plan, attach additional pages as necessary. You may want to attach additional information, such as site inspection field notes, toolbox meeting notes, manufacturer's instructions, specific work procedures, or a contact list.

If you're using this template as a fall protection plan for work at 7.5 m (25 ft.) or more, or if section 11.3(1)(b) of the Regulation applies, the information in the template is expected to be complete, at a minimum.

Scan to find more information about fall protection at worksafebc.com/ residential-construction.



Page 1 of 5

Creating a fall protection plan for your worksite: Fillable template

1. Project site description

Describe specific details for your worksite.

Name of employer(s)	Start date for work at heights				
Site address		City		Site descrip	tion (type of structure):
Work area					
Task description					
Name of first aid attendant	Contact for first aid att	tendant	Level of first aid atte	ndant:	Expiry date for first aid certificate:

2. Site-specific details for work at heights

Use the diagram on the next page to illustrate the following details, which are part of a fall protection plan, at a minimum.

Maximum height (eave	s)	Maximum working height							
		If yes, describe types of toe-holds used							
able)	Proximity to low-voltage power lines (if applicable)								
	Toe-holds (required for								

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3. Worksite details

Use this blank grid to draw specific worksite details, such as anchor locations, building elevations, access points, and hazards at or near the work location. If you need more space for your drawing or you're working in more than one area, print additional copies of this page, as necessary.

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4. Type of fall protection system for each area and procedures for set-up, use, and removal

When choosing a fall protection system, follow the fall protection hierarchy (see section 11.2 of the Regulation). Describe all the equipment you'll be using for your fall protection systems. Describe your procedures for assembling, inspecting, using, maintaining, and removing the fall protection equipment. If you will be working in more than one area, print additional copies of this page as needed.

Area description
Type of fall protection
Guardrails 🛛 Fall restraint 🗌 Fall arrest 🗌 Other procedures (explain)
Reason for selection
Manufacturer's instructions are available on site.
Manufacturer's instructions have been reviewed with workers.
Equipment description and procedures for set-up, use, maintenance, inspection, and removal:



5. Rescue procedures

Describe how you would rescue a fallen worker. Include any tools, equipment, or machinery you would use for the rescue. Specify who should be contacted to carry out the rescue, if applicable. (Attach additional pages, if necessary.)

6. Record of review

The site-specific fall protection plan has been reviewed with the following workers. Employers should keep this page for their records.

	Worker's name	Signature	Company name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Supervisor's name	Supervisor's signature	Supervisor's contact number	Date

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