FALL PROTECTION PLAN

ontractor Name:
vent Name:
vent Date:
he following documents must be supplied with this fall protection plan for all
mployees performing work at heights, above 1.5 meters:
 Work at height and fall protection training certificates
 Medical certificates of fitness valid for the period of the event (Note: medical
certificates must be renewed annually)
 Inspection checklists for access equipment and fall protection equipment
. List of activities taking place at height (above 1.5m from the ground):
2. List of equipment used to access work at height (e.g. ladder, scaffold, cherry picker etc)
3. List of fall protection equipment to be used (e.g. harness, life line etc):

ist of staff wh	o will be working	at heights. <u>M</u>	<u>ledical cert</u>	ificates of fi	<u>itness must</u>
<u>be</u> <u>available i</u>	or each of these	<u>e employees</u>	<i>:</i>		
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FALL PROTECTION PLAN COORDINATOR APPOINTMENT

CONSTRUCTION REGULATION 10

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Signature of the appointee

- (a) designate a competent person to be responsible for the preparation of a fall protection plan;
- (b) ensure that the fall protection plan contemplated in paragraph (a) is implemented, amended where and when necessary and maintained as required; and
- (a) take steps to ensure continued adherence to the fall protection plan.

Ι,	(Employer Name)
representing	(Company Name)
do hereby appoint	(Name of Appointee)
as the Fall Protection Plan Coordinator in term	ns of Construction Regulation 10(1),
at	(Event Name)
Signature of Employer	Date
ACCEPTANCE OF APPOINTMENT	İ
I,	_do hereby accept this appointment
and understand the scope of my responsibilities terms of Construction Regulation 10(1).	es as the Fall Protection Plan Coordinator in

Date