



FALL PROTECTION PLAN (required at 25 feet or more)

Site: _____

Description of Task: _____

Fall Hazards:

Fall Protection System(s):

Special Assembly/Disassembly Procedures:

Rescue Procedures:

Workers Receiving Training: (Monitor Name)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

The contents of this work plan have been conveyed to all workers of Absolute Industrial Mechanical and their sub-contractors exposed to fall hazards where the use of a Fall Arrest System is required.

Supervisor

Date