

Farm Fall Protection Plan

Farm Location Where Work Will Be Performed: <i>Main bin yard</i>			
FALL HAZARDS			
Identify all existing & potential fall hazards associated with the work site			
<i>Fall from opening bin lids, positioning augers, fixing roof leaks, checking bin levels, probing, Climbing ladders for inspections</i>			
FALL PROTECTION SYSTEMS TO BE USED			
Identify the fall protection systems to be used at the work site to protect workers from the fall hazard (ie travel restraint, personal fall arrest system, safety net, control zone, etc)			
<i>If work is to be longer than 5 minutes must use fall harness / tie off</i>			
ANCHORS TO BE USED DURING THE WORK			
Identify the anchors, both engineered and improvised, that workers are to use			
<i>Use identified anchors on the ladder system and at the bin lid</i>			
CLEARANCE DISTANCE(S) TO BE CONFIRMED			
Clearance distances must be sufficient to prevent a worker from striking the ground, an object, or level below the area			
<i>Only 3' lanyards are to be used to prevent contact with ground</i>			
PROCEDURES			
Identify detailed procedures to assemble, inspect, use, maintain & dismantle the fall protection system identified above			
<i>Inspect all fall arrest equipment before use to check to damage, inspect tie off points for damage</i>			
RESCUE PLAN			
Describe the procedures that will be followed if a worker falls and needs to be rescued			
<i>We will use the loader and attached man cage to position next to fallen worker, Rescue workers will assist fallen worker into the basket and lower to ground</i>			
This fall protection plan was developed by:			
Name: <i>John Smith</i>		Signature: <i>John Smith</i>	Date: <i>01.12.XXXX</i>
Farm Workers signing this form acknowledge that they have reviewed and understand this fall protection plan.			
Date	Print Name	Signature	Trained in the safe use Of the fall protection Equipment?
<i>01.12.XXXX</i>	<i>Peter Strong</i>	<i>Peter Strong</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>01.12.XXXX</i>	<i>Jim Watcher</i>	<i>Jim Watcher</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO