

## Farm Fall Protection Plan

Farm Location Where Work Will Be Performed:			
<b>FALL HAZARDS</b>			
Identify all existing & potential fall hazards associated with the work site			
<b>FALL PROTECTION SYSTEMS TO BE USED</b>			
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)			
<b>ANCHORS TO BE USED DURING THE WORK</b>			
Identify the anchors, both engineered and improvised, that workers are to use			
<b>CLEARANCE DISTANCE(S) TO BE CONFIRMED</b>			
Clearance distances must be sufficient to prevent a worker from striking the ground, an object, or level below the area			
<b>PROCEDURES</b>			
Identify detailed procedures to assemble, inspect, use, maintain & dismantle the fall protection system identified above			
<b>RESCUE PLAN</b>			
Describe the procedures that will be followed if a worker falls and needs to be rescued			
This fall protection plan was developed by:			
Name:		Signature:	Date:
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?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO