

FALL PROTECTION RISK ASSESSMENT AND PLAN

PRE-JOB BRIEFING FORM

Project Name: _____

Address of this location: _____

GPS location _____ Person completing this assessment: _____

Name of this site: _____

Supervisor: _____

First Aid Attendant: _____

MSDS Binder Location: _____

EMERGENCY PHONE NUMBERS - CALL 9-1-1 or _____

Site Manager / Supervisor if applicable. _____

Fire: _____

Police: _____

Ambulance: _____

Hospital: _____

UTILITIES (Call before you dig!)

Gas: _____

Hydro/Electricity: _____

Water: _____

The Health and Safety Representative for this Site is:

Name: _____

Phone #: _____ **Cell phone #** _____

[Insert Map to Hospital](#)

sample map



PRE-JOB BRIEFING FORM

Project Name or Contract #: _____ Date: _____

Supervisor(s) or Person(s) in Authority: _____

How many employees are working on this site (those that work for our company)? _____

Topics Reviewed

Scope of Work for this project or for this day

Site Specific Hazards that could or will be present today

What other trades are on site? Do they pose a danger to our staff or will they interfere with our work?

Working At Heights- List where workers would be working at heights and how workers will be protected.

Job or Task

How to Protect the Worker

Job or Task	How to Protect the Worker

What is our Rescue Plan(s) for those who may be working at heights?

What other safety hazards could or will be on our job site today?

Site Specific Policies that must be followed (hot work, confined spaces or lock out as example)

List location of Confined Spaces on site if applicable

Other Safe Work Instructions that were reviewed

Emergency Procedures (Fire, gas leak, violence or severe weather as an example)

Safety Rep and First Aid Person

Safety Representative:

First Aider:

Other notes about this job or tasks related to this site

Moving and storage of materials and things

List the kinds of materials, articles, or things that will be required to be lifted, carried, or otherwise moved as part of this project	Please list the methods that may be used to move those materials, articles, and things on this project.

Please list special instructions that need to be communicated and to whom

Special Instruction	To whom?	By who?

Everyone is responsible for housekeeping; however who is responsible for compliance with regards to housekeeping for this project? _____

Please list any specific preventative maintenance requirements that will need to be done during the course of completing this project.

PM Requirements	What, when and by who

Safety Concerns Raised:

Safety Recommendations Made:



PRE-JOB BRIEFING ATTENDANCE SIGN OFF SHEET

Each person who works on our sites are required to become familiar with this risk assessment and to participate in the training on the hazards and controls associated with the work on this site.

By signing this attendance report, you agree that you understand the hazards we will be facing during our work today and you know that if you have any questions or concerns, you have the right to stop the work until you are satisfied that it is safe to do.

PRINT NAME

SIGNATURE

POSITION

PRINT NAME	SIGNATURE	POSITION