Fall Protection Program

Written program · Template for Canadian employers

Employer / company: _____ Program owner: _____

Prepared by: _____ Position: _____

Effective date: _____ Review date: _____

1. PURPOSE AND SCOPE

This program sets out how _____ protects workers from falls, and applies to all work described below.

Work activities covered:

Sites / work areas covered:

2. WHEN FALL PROTECTION IS REQUIRED

Record the trigger that applies to your jurisdiction and work type. Confirm against the current regulation before you rely on it — requirements change.

JURISDICTION	PRINCIPAL REGULATION	GENERAL HEIGHT TRIGGER AND COMMON ADDITIONAL TRIGGERS
Ontario (construction)	O. Reg. 213/91, s. 26.1	Fall of 3 m or more; also where a fall is into operating machinery, into water or another liquid, into or onto a hazardous substance or object, or through an opening in a work surface.
Ontario (industrial)	R.R.O. 1990, Reg. 851, s. 85	Where a worker is exposed to the hazard of falling and the fall would be more than 3 m, or into an operating machine, or into a hazardous substance.
Alberta	OHS Code, Part 9	Fall of 3 m or more; also at less than 3 m where there is an unusual possibility of injury, and where a worker may fall into or onto a hazardous substance, object or moving equipment.
British Columbia	OHSR, Part 11	Fall of 3 m (10 ft) or more; also from a lesser height where there is an unusual possibility of injury greater than injury from landing on a flat surface.
Our applicable jurisdiction(s)	_____	_____

Verify before you rely on this. The rows above summarise the general triggers only and do not reproduce the full text, exceptions or sector-specific provisions. Federally regulated workplaces follow the *Canada Occupational Health and Safety Regulations*, not the provincial rules above. Always confirm the current wording of the regulation that applies to your work.

3. CONTROL SELECTION — HIGHEST TO LOWEST

Work down this order. Record why any higher control was rejected before moving to the next.

#	CONTROL	WHERE WE USE IT	IF NOT USED, WHY NOT
1	Eliminate the work at height (do it at ground level)		
2	Guardrails / permanent engineered barrier		
3	Travel restraint (worker cannot reach the edge)		
4	Fall restricting system		
5	Fall arrest (full body harness + connecting device)		
6	Safety net		

4. RESPONSIBILITIES

ROLE	NAME / POSITION	RESPONSIBILITY UNDER THIS PROGRAM
Employer / senior management		Provide equipment, training and supervision; fund the program; review it annually.
Program owner		Maintain this document, equipment register and training records; lead the annual review.
Supervisor		Confirm the site plan is complete before work starts; verify training and pre-use inspection; stop unsafe work.
Competent person (anchorage / plan)		Identify and approve anchorage; sign off the site fall protection plan.
Worker		Use the system as trained; inspect equipment before each use; report defects and remove equipment from service.

5. EQUIPMENT — SELECTION, STANDARDS AND REGISTER

Equipment used under this program conforms to the applicable CSA standards adopted by our jurisdiction. Standards we specify:

ID / SERIAL	ITEM	IN SERVICE DATE	MANUFACTURER LIFE LIMIT	ASSIGNED TO

6. INSPECTION AND REMOVAL FROM SERVICE

- ☐ **Pre-use, by the worker:** webbing, stitching, hardware, labels, energy absorber indicator, connectors and gates.
- ☐ **Periodic, by a competent person:** at the interval set by the manufacturer or our jurisdiction, whichever is shorter. Our interval: _____
- ☐ **Remove from service immediately** after arresting a fall, on any deployed energy absorber, on any cut, burn, chemical damage, distorted hardware, or missing/illegible label.
- ☐ **Tag and quarantine** removed equipment so it cannot be returned to use. Quarantine location: _____

> **Never return** fall arrest equipment to service after it has arrested a fall unless the manufacturer explicitly permits it and a competent person has recertified it in writing.

7. ANCHORAGE

Anchor points are identified and approved by the competent person named in Section 4 before use, and are rated for the system in use.

LOCATION / STRUCTURE	TYPE (PERMANENT / TEMPORARY)	RATED CAPACITY	APPROVED BY / DATE

> Record the clearance calculation for every fall arrest location: free fall + energy absorber extension + harness stretch + D-ring shift + safety margin, measured from the anchor to the nearest lower level or obstruction.

8. TRAINING

Ontario construction workers who use fall protection must hold a valid Working at Heights certificate from a Chief Prevention Officer–approved training provider under O. Reg. 297/13, and it must be renewed on the prescribed cycle. Other jurisdictions and sectors set their own competency requirements — record what applies to you.

WORKER	TRAINING / CERTIFICATE	PROVIDER	COMPLETED	EXPIRES

9. PROGRAM REVIEW

This program is reviewed at least annually, and after any fall, near miss, equipment failure, change in work method, or change in the applicable regulation.

PROGRAM OWNER SIGNATURE _____ DATE _____

SENIOR MANAGEMENT SIGNATURE _____ DATE _____

Site Fall Protection Plan

Complete one per project or work area · Keep on site

Project / site: _____ Date: _____

Prepared by: _____ Competent person: _____

A. THE WORK AND THE FALL HAZARD

Task:

_____

Fall distance / height: _____ Surface or hazard below: _____

B. CONTROL IN USE

- ☐ Elimination — work relocated to ground level
- ☐ Guardrails / engineered barrier
- ☐ Travel restraint
- ☐ Fall restricting system
- ☐ Fall arrest — anchor location: _____
- ☐ Safety net

Required clearance below the anchor: _____ Available clearance: _____

C. EQUIPMENT ASSIGNED

WORKER	HARNESS ID	CONNECTING DEVICE ID	PRE-USE CHECK

D. RESCUE PROCEDURE

A suspended worker must be reached quickly — calling 911 alone is not a rescue plan. Write down who does what, with what equipment, and how long it will take.

Rescue method:

_____

Rescue equipment on site and its location:

_____

Trained rescuers on site: _____ Target time to reach worker: _____

Emergency contact / muster point:

_____

> **Suspension trauma.** A worker hanging motionless in a harness can deteriorate quickly. Plan to reach and relieve suspension without delay, and get medical assessment even if the worker appears uninjured.

E. SIGN-OFF — EVERYONE DOING THIS WORK

NAME (PRINT)	SIGNATURE	DATE

SUPERVISOR SIGNATURE

DATE