SECTION 4.0

FALL PROTECTION

TOOLS AND CHECKLISTS

Document Change History

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# APPENDIX A- LOCAL EMERGENCY RESPONSE ACTION PLAN

**FALL RESCUE EMERGENCIES**

**YOU MUST CONTACT YOUR REGIONAL EHS MANAGER PRIOR TO START**

**State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assigned Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALU EHS Regional Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRE-OPERATIONAL CHECKLIST**

*(All items listed below must be satisfied before starting any operation that requires the use of Personal Fall Arrest Equipment)*

\_\_\_\_ Approved Personal Fall Arrest Equipment available for use

\_\_\_\_ Complete

\_\_\_\_ Inspected by ALU EHS at least once a year

\_\_\_\_ Inspected by user before each use

\_\_\_\_ Employees involved in operations requiring the use of Personal Fall Arrest

Equipment has received Fall Protection training.

\_\_\_\_ Effective means of summoning rescue personnel have been identified and

established.

\_\_\_\_ All employees at the site have a current First Aid-CPR certification.

\_\_\_\_ Complete First Aid kit available at the site

\_\_\_\_ First Aid-CPR certified employees have been trained in Bloodborne

Pathogens

\_\_\_\_ A buddy system will be maintained at all times.

**RESCUE OPTIONS**

*(check which apply to your operation)*

\_\_\_\_ Contact external emergency response services,

\_\_\_ Rescue by co-workers

* Rescue pole/remote hook
* Rollgliss
* Use of ladders or lift devices to reach the person
* Have extra people available to throw a rope to the person and help pull them to safety

\_\_\_\_ Self Rescue

**IF A FALL IS SUSTAINED**

*(All items listed below must be satisfied before starting any operation that requires the use of Personal Fall Arrest Equipment)*

\_\_\_ Rescue personnel will be contacted to ensure employee will receive standard

trauma resuscitation /medical attention once rescued.

\_\_\_ Employee will be rescued as quickly as possible if able to do so without putting

Other employees at risk.

\_\_\_ Equipment involved in the fall will be taken out of service and tagged with a “Do

Not Use” label.

\_\_\_ ALU Regional EHS Manager will be notified of the incident.

\_\_\_ An incident report will be completed. (ALU EHS will be contacted for

assistance and follow-up.)

\_\_\_ Equipment taken out of service will be sent to manufacturer

or approved supplier for evaluation. (NOTE: Incident report must accompany the Equipment).

# APPENDIX B- RISK ASSESSMENT / TOWER CLIMBING PLAN

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION ADDRESS | TOWER IDENTIFICATION NUMBER | NAME OF COMPETENT PERSON/TEAM LEADER | DATE OF EVALUATION |
| TYPE OF TOWER  Self-Support  Guyed  Monopole  Other \_\_\_\_\_\_\_\_\_ | ACCESS TO WORK AREA  Fixed Ladder System  Step Bolts  Other \_\_\_\_\_\_\_\_\_\_\_\_ | DESCRIPTION OF WORK TO BE PERFORMED | TOWER HEIGHT  WORK HEIGHT |

**List of Employees Onsite** (All employees must be certified in tower climbing and rescue. Some of the roles and responsibilities can be done by the same employee.)

|  |  |  |
| --- | --- | --- |
| **Responsibility** | **Name** | **Signature** |
| **Competent Person / Team Leader** |  |  |
| **Ground Support / Designated Rescuer(s)** |  |  |
| **Tower Climber(s)** |  |  |

**Potential Hazards**

|  |
| --- |
| **Environmental Hazards**  Sun  Rain  Snow  Heat  Cold    Ice  Night Work  Windy or Gusty  Other  Non applicable |
| **Physical Hazards**  No ladder safety system  No Step Bolts  Climb Path Obstructions  Wet or Slippery Surfaces  Other  Non applicable |
| **Other Recognized Hazards**   Birds  Reptiles  Insects  Electrical Equipment    RF Exposure  Mechanical Equipment  High Crime Area  Noise    Electrical Power Lines  Other  Non applicable |

**Hazard Controls**

|  |
| --- |
| **Equipment/supplies available onsite:** First Aid Kit  Yes  No Hydration liquid  Yes  No |
| **Lockout/tagout equipment to de-energize antennas or equipment: Required Available**  Yes  No  Yes  No |
| **RF Radiation Monitoring Device: Required Available**  Yes  No  Yes  No |
| **Have all tower climbing and rescue employees been trained? Training certifications must be checked.**  Yes  No  Tower Climbing and Rescue  First Aid and CPR with Bloodborne Pathogens information |
| **Has a drop zone of 50% of the height where work will be performed been established/barricaded off?**  Yes  No |
| **Do climber and designated rescuer have appropriate climbing equipment to perform required activities?**  Yes  **No** |
| **Has equipment and tower base been inspected?** Tower base must be inspected by Competent Person prior to any climbing. Tower shall be inspected as it is ascended to the elevation point where work is being performed.  Yes  No |
| **Has a pre-job briefing been conducted and was it attended by all employees onsite?**  Yes  No |
| **Were the following topics covered during the pre-job briefing?**  Employees Responsibilities  Hazard Assessments and Work Plan  Equipment Configuration  Emergency/Rescue Plan |

**Tower Climbing Work Plan (Employees shall be connected 100% of the time while climbing, descending and working on the tower.)**

|  |
| --- |
| **Personal Protective Equipment / Safety Equipment**  Hard Hat with tether  Safety Glasses  Fall Protection  Hearing Protection  Gloves  RF Monitors  **Other** |
| **Fall Protection to be Used**  Full Body Harness  Rope Grab  Horizontal Lifeline  Vertical Lifeline  Self Retracting Lifeline  Descenders  Bypass Lanyards  Anchorage Straps  Fixed Ladder Safety System |
| **Method of Hoisting Used**  Winch  Block and Tackle  Capstan  Manual  Crane  Boom Truck  Other |
| **Other Requirements**  Lift Plan  Excavation Permit  Burn Permit  Other |

**Equipment Inspection** YES NO

|  |  |  |
| --- | --- | --- |
| **Is equipment within inspection cycle? Indicate next inspection due date:** |  |  |
| **Harness inspected and suitable for use? No frayed, torn straps or soft ties,**  No frayed/torn/damaged straps  No damaged/corroded D-rings  No damaged /corroded **buckles** |  |  |
| **Lanyards inspected and suitable for use?**  No frayed/torn/damaged straps  No damaged/corroded D-rings  Connecting devices working properly |  |  |
| **Rope Grab inspected and suitable for use?**  Operating correctly  No signs of damage/corrosion |  |  |
| **Ropes/lifelines inspected and suitable for use?**  Not frayed/torn/damaged  No signs of mildew |  |  |
| **All other components (e.g., carabiners, Fisk Descenders, etc) inspected and suitable for use?**  Operating correctly  No signs of damage/corrosion |  |  |
| **Has any component been subjected to a shock load? WARNING: Any component subjected to a shock load (a fall) shall be removed from service until inspected by the manufacturer and replaced as necessary.** |  |  |
| All equipment must be inspected prior to use. Rescue equipment must be inspected prior to starting tower climbing operations. Employees inspecting equipment must sign below:  **Climber (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Climber (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Climber (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Print Name / Signature** |  |  |

**Tower Climbing Emergency / Rescue Plan**

|  |
| --- |
| **Are cellular phones functional? ( i.e., charged, working signal)**  Yes  No |
| **If cellular phones are not functional, are other means of communication available**?  Yes  No  Radio  Land Line Phone  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Rescue Equipment has been inspected and is available for use.**  Yes  No |
| **Rescue Procedure:**  Manual  Outside Services  Winch  Ascending/Descending  Other |
| **Directions to Location:** |
| **Designated Rescuer(s) will need additional assistance in the event of a high angle rescue operation.**  Yes  No  **If yes, please complete the following:**  **Local Fire/Rescue Department notified of the:**  **tower climbing operation**  Yes  No  **location of the tower**  Yes  No  **type of tower**  Yes  No  **height climbers will be working at**  Yes  No  **Local Fire/Rescue Department will be able to assist:**  Yes  No |
| **Predicted Outside Services Response Time:** |
| **Ambulance/Paramedics Emergency Phone Number:** |
| **Location and Phone Number of closest Medical Facility:** |
| **Fire/ Rescue Emergency Phone Number:** |
| **Police Emergency Phone Number:** |
| **Should a fall occur: All items listed below must be satisfied** |
| **Local Fire/Rescue Department will be contacted prior to starting rescue procedures.** |
| **Employee will be rescued as quickly as possible if able to do so without putting other employees at risk.** |
| **Equipment involved in the fall will be taken out of service, tagged with a “Do Not Use” label and retain for evaluation.** |
| **EHS representative will be notified of the fall. Name and Phone Number of EHS representative:** |
| **An incident/accident report will be completed.** |