SECTION 4.0

FALL PROTECTION

TOOLS AND CHECKLISTS

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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.**  |