



SITE FALL PROTECTION VERIFICATION DECLARATION CHECKLIST

Note: Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1 866 566 7233.

1. GENERAL	
CHECKLIST INSTRUCTIONS: <ol style="list-style-type: none"> Section 2 and 3 to be populated by asset owner and returned to Technical Safety BC for review. If the asset owner is unable to meet a requirement in section 3, Technical Safety BC will not proceed with any assessments of a site with a fall potential of 3 meters or more. If further clarification required, contact the Technical Safety BC safety officer. 	
PURPOSE: To verify that asset owners understand their requirements to provide fall protection procedures, resources, and rescue to any Technical Safety BC staff during the inspection process. <ul style="list-style-type: none"> Verification of asset owner and Technical Safety BC compliance with Part 11 Fall Protection (and other applicable parts/sections) of the WorkSafe BC (WSBC) Occupational Health and Safety Regulation (OHSR). This declaration and all requested supporting documentation must be returned completed for review prior to a safety officer confirming the assessment date and time. 	

2. ASSET OWNER DETAILS			
COMPANY NAME:		DATE SUBMITTED:	
TECHNOLOGY:		NAME OF PERSON DECLARING:	
SUPERVISOR:		SITE ADDRESS:	
SITE NAME (if applicable) :		REQUESTED INSPECTION DATE:	

3. FALL PROTECTION VERIFICATION				
#	VERIFICATION	Yes	No	N/A
1.	Responsible Supervisor provided at the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Internal or external Rescue Team readily/directly available, at site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	At least one (1) member of Rescue Team first aid trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	First Aid Attendant available and present at premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Written fall protection plan developed by qualified person, reviewed (only if assessment activities are required at heights above 25' as per WSBC requirements)? Written Fall Protection Plan developed by qualified person. Including: <ol style="list-style-type: none"> A. Project work details B. Identified fall hazards C. Identified anchor locations D. Fall Protection Systems being used E. PPE required F. Rescue procedure 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	NOTE: The Fall Protection Plan is to be readily available for review upon request of a Safety Officer.			

6.	Required equipment/controls (including fallen worker rescue equipment) present, inspected, functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Rescue systems/methods reviewed with Rescue Team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.
Signature:	Date: