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|--|----------|-------------|
| Date | Location | Prepared By |
| Description of Work | | |
| Recognized Fall Hazards <input type="checkbox"/> Tower <input type="checkbox"/> Bridge <input type="checkbox"/> Non-Standard <input type="checkbox"/> Ladder w/o Fall Restraint <input type="checkbox"/> Self-Support <input type="checkbox"/> Suspension <input type="checkbox"/> Roof Top <input type="checkbox"/> Step Bolts w/o Fall Restraint <input type="checkbox"/> Guyed <input type="checkbox"/> Cantilever <input type="checkbox"/> Building Side <input type="checkbox"/> Work Deck w/o Fall Restraint <input type="checkbox"/> Monopole <input type="checkbox"/> Arch <input type="checkbox"/> Highway Sign Structure <input type="checkbox"/> Rest Platform w/o Fall Restraint <input type="checkbox"/> Light Pole <input type="checkbox"/> Draw <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Wooden Pole _____ <input type="checkbox"/> Walkway w/o Fall Restraint _____ <input type="checkbox"/> Staircase w/o Fall Restraint _____ <input type="checkbox"/> Weakened or Damage <input type="checkbox"/> Motorized Vehicular Traffic (e.g., missing member/hardware) | | |
| Recognized Environmental Hazards <input type="checkbox"/> Sun <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Heat/Ice <input type="checkbox"/> Cold <input type="checkbox"/> Noise <input type="checkbox"/> Darkness | | |
| Recognized Live Hazards <input type="checkbox"/> Birds <input type="checkbox"/> Insects <input type="checkbox"/> Reptiles <input type="checkbox"/> Human <input type="checkbox"/> Other _____ | | |
| Other Recognized Hazards <input type="checkbox"/> Electrical <input type="checkbox"/> Rf Exposure | | |
| Method of Fall Restraint and/or Arrest (PFAS) to be Used <input type="checkbox"/> Work Deck <input type="checkbox"/> Full Body Harness <input type="checkbox"/> Work Platform <input type="checkbox"/> Railing <input type="checkbox"/> Shock Absorbing Lanyard <input type="checkbox"/> Rest Platform <input type="checkbox"/> Positioning Lanyard <input type="checkbox"/> Self Retracting Lanyard <input type="checkbox"/> Walkway <input type="checkbox"/> Ladder Safety Climb <input type="checkbox"/> Vertical Life Line <input type="checkbox"/> Tie-Off Point <input type="checkbox"/> Warning Signs Lines <input type="checkbox"/> Horizontal Life Line Capable of 5,000 Lbs. per Person | | |
| Personal Protection Equipment (PPE) to be Used <input type="checkbox"/> Hard Hat <input type="checkbox"/> Gloves Tool Handling: <input type="checkbox"/> Safety Eyewear <input type="checkbox"/> Heavy Clothing <input type="checkbox"/> Tool Belts <input type="checkbox"/> Rain Wear <input type="checkbox"/> Heavy Footwear <input type="checkbox"/> Tool Bucket <input type="checkbox"/> Face Wear <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ | | |
| Method of Hoisting Used <input type="checkbox"/> Winch <input type="checkbox"/> Block and Tackle <input type="checkbox"/> Capstan <input type="checkbox"/> Manual <input type="checkbox"/> Crane <input type="checkbox"/> Boom Truck | | |
| Method of Manriding Line Used <input type="checkbox"/> Descent/Suspension w/PFAS <input type="checkbox"/> Ascending/Decending w/PFAS | | |

Note: Upon hearing the sound of **thunder, caused by lightning strike activity**, all high structure climbing and work shall cease and all climbing personnel are to immediately mobilize safely off the structure and seek shelter below the tower. Work shall not resume until it is deemed safe.

Emergency Action Plan

First Aid CPR Call 911

Location of First Aid Equipment

| Location of Phone | Phone Number of Sheriff or Police | Phone No. of Emergency Resp. Team |
|-------------------|-----------------------------------|-----------------------------------|
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List Other Contact Names and Phone Numbers, if any:

| Contact Name | Phone Number(s) |
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Describe Procedure of Rescue Plan

Manual Outside Services Winch
 Ascending/Descending Descending/Suspension Other (Describe)

Note: Installation, relocation, removal, maintenance, and inspection of equipment on job site shall be performed in accordance with industry and agency training policies and manufacturers recommended practices. Use of fall protection, PPE, and PFAS equipment shall be in accordance with OSHA, WISHA, and agency training policies.

Verification of Compliance

| Employee Signatures | |
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