

	WESTERN MILLCRAFT INC. 12506 – 128 STREET EDMONTON, AB, T5L 1C8	Effective Date: 1 OCTOBER, 2011	Revised by: JFK
	OCCUPATIONAL HEALTH & SAFETY MANUAL COMPANY RULES AND REGULATIONS FALL PROTECTION PROGRAM	Page 1 of 3	HSE: 5.16: 8.16 Revision: 00

FALL PROTECTION EQUIPMENT PROGRAM:

Western Millcraft Inc. has developed and implemented a Fall Protection Equipment Program to ensure that all employees will be protected from fall hazards whenever they are working in/on a temporary or permanent work structure where the worker(s) may fall 3 meters or more and/or wherever exists an unusual risk of injury from falling. All employees working in areas where a fall hazard exists will use Fall Protection Equipment.

The Fall Protection Equipment Program was developed and implemented to:

- Assist all employees in identifying fall hazards before they start work
- Assist in selecting Fall Protection Equipment appropriate for the work to be completed
- Description of correct procedures for the use, inspection, assembly, maintenance and disassembly of the Fall Protection Equipment being used according to manufacturer's specifications
- Provide a safe work environment for the workers at risk to fall hazards
- Outline the rescue procedures to be taken should a worker fall when using the Fall Protection Equipment

Western Millcraft Inc. management and all employees will:

- Participate in the Fall Protection Equipment Program
- Participate in initial and periodic training required for Fall Protection Equipment
- Report any substandard conditions regarding Fall Protection Equipment

FALL PROTECTION EQUIPMENT TRAINING:

All Western Millcraft Inc. employees required to use Fall Protection Equipment will be trained in Fall Protection Equipment as per industry standards, OHS, or as per Oil Sands Safety Association Regional Code of Practice. Any and all competency training will be documented in the training database and all employees will be instructed to ensure that their training certificates be available for review on sites where they are required to work where a fall hazard exist.

All Fall Protection Equipment (example: HLL's, self-retracting lifelines etc. ...) will be assembled in accordance to manufacturer's specifications ensuring that the components of the Fall Protection System are compatible with one another and with the environment in which it is being used. The Fall Protection Equipment will be inspected daily prior to use and if any deficiencies are identified the tag out procedure applies. Sub-Standard or damaged equipment will be removed from service and sent for re-inspection and or repair and re-certified by a certified engineer prior to use.

All personal Fall Protection Equipment (includes: harnesses, lanyards, cable anchors) will be maintained in accordance with manufacturer's specifications. All components of the Personal Fall Protection System will be compatible with one another and with the environment in which it is being used. All equipment must be approved prior to use. The approval is contingent on the equipment having been inspected by a qualified person within the past year. Documents of the inspection must accompany the equipment and or be legibly marked on the equipment tag.

Equipment will be visually inspected by the end user prior to each use and recorded in the Fall Protection Plan. Equipment that does not pass inspection will be immediately removed from service, tagged as defective, and returned to main office for destruction.

The Personal Fall Protection Protective Equipment will be removed from service and destroyed if any of the following conditions apply:

- The equipment has been subjected to a fall arrest and the fall arrest indicators are visible
- The manufacturer's labels are missing or illegible

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FALL PROTECTION PLAN			
DESCRIBE WORK TO BE COMPLETED:			
FALL HAZARDS TO BE PROTECTED AGAINST:			
FALL PROTECTION SYSTEMS USED: (GUARDRAILS, TRAVEL RESTRAINTS, FALL ARREST, ETC):			
VISUAL CHECKS			
	OK	FAULTY	N/A
1. Safety Rope Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Line Grabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Horizontal Life Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retractable Life Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Anchor Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Carabineers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Guard Rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESCUE PLAN (LADDER TRUCK, MAN BASKET, HIGH ANGLE RESCUE TEAM, AERIAL WORK PLATFORM, ETC):			
HAVE ALL WORKERS BEEN TRAINED IN THE SAFE USE OF FALL PROTECTION EQUIPMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE ALL AFFECTED WORKERS BEEN MADE AWARE OF THE FALL PROTECTION PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WORKER'S NAMES			
PRINT	SIGNATURE		

SUPERVISORS SIGNATURE:

DATE:

The Information in this policy does not take precedence over the OH&S Act, Regulation, Codes, or applicable Government Legislation

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