Sonic Drilling Ltd.

FALL PROTECTION PLAN INSTRUCTIONS

Each employer must ensure that a fall protection system is used when work is done at a place from which a fall of 3 m (10 ft) or more may occur, or where a fall from a height of less than 3 m involves a risk of injury greater than the risk of injury from the impact on a flat surface.

A written fall protection work plan must be implemented by each employer on a job site where a fall hazard of 7.5 m (25 ft) feet or greater exists in accordance WCB Regulations.

The plan must be completed for each specific work site.

THIS WORK PLAN SHALL BE MADE AVAILABLE ON THE JOB SITE FOR INSPECTION AT THE WORKPLACE BEFORE WORK WITH A RISK OF FALLING BEGINS.

Attached is a sample fall protection work plan that may be filled out by each employer who has employees exposed above 10 feet. The following steps will help you fill out your plan.

(REMEMBER: You must complete and customize this form to site specific requirements)

1. FILL OUT THE SPECIFIC JOB INFORMATION.

_____

Contractor/Trade Name: Address: City: Prov.

_____

Job Site Name: Address: City: Prov.

_____

Job Foreman: Phone: Safety Coordinator Phone:

_____/_____/_____ _____

Project Start Date: Safety Management Approved

2. FALL PROTECTION WORK PLAN (Site Specific)

NOTE: The plan form and individual site plans must accurately describe the conditions at your worksite and the methods you will use. A safety officer will, in addition to ensuring that your plan contains all the required elements, determine if it describes what you actually do. If it does not, you may be subject to disciplinary action as per **Sonic Drilling Ltd** Safety Policy, WCB Regulation order, and/or monetary penalty(s).

Fall Hazard Identification and Protection Selection Worksheet

On the table below, identify each fall hazard of 10 feet or more that exists or will exist during this construction project and then select the protection method from the options identified below the table.

√	Hazard Type	General Location(s)	Fall Protection Method	Overhead Protection Method
	Roof > 4/12 Pitch			
	Roof < 4/12 Pitch			
	Skylight Openings			
	Roof Openings			
	Floor Openings			
	Window Openings			
	Open-sided Floors			
	Decks			
	Balconies			
	Leading Edge Work			
	Scaffold Work			
	Mobile Lift Work			
	Ladder Work			
	Excavation Edges			

Fall Protection Methods: Select a fall protection method from the list below for each hazard identified above. Assembly and implementation instructions for the method(s) used are located elsewhere in this document.

(See next page for regulation assistance in selecting a method of fall protection).

Standard Guardrails	Fall Restraint	Fall Arrest	Cover or Hatch
Horizontal Lifeline	Control Zone	Safety Monitor	Safety Net
Toe boards	Toe Holds	Barricades	Hazard Signs

Other: _____

SELECTING A METHOD OF FALL PROTECTION (G11.2-2)

Section 11.2 of the *OHS Regulation* prescribes a hierarchy of choices in subsections (2) to (5). This guideline explains the hierarchy of choices and gives examples of how the circumstances of the workplace affect the selection of fall protection.

The employer must use "guardrails . . . or other similar means of fall restraint" under subsection (2) if it is practicable for the work process. If it is not practicable, the employer can use another fall restraint system under subsection (3). However, the employer cannot use a fall arrest system under subsection (4) unless it is impracticable to use any fall restraint system under subsections (2) and (3). Only if it is impracticable to use a fall restraint or arrest system under subsections (2) to (4) or if the use of a fall arrest system will result in greater hazards is the employer permitted under subsection (5) to use work procedures alone to minimize the risk of injury to a worker from a fall.

Fall Restraint

Fall restraint normally means a fall protection system arranged such that a worker cannot fall lower than the surface on which the worker was supported before the fall started. For example, a personal fall restraint system for a worker on an elevated flat surface would be arranged so the worker could go up to the edge of the work surface, but not beyond the edge in the event of a slip or fall. The system, in the event of a slip or fall, would result in the worker landing on the work surface, and perhaps very close to going over the edge.

Other work positioning arrangements, such as a firefighter secured to an aerial ladder, or a tree trimmer or power line technician using a climbing belt and pole strap, will normally result in the worker going through some vertical drop in the event of a slip. To allow their fall protection to be considered as fall restraint, their equipment should be arranged to limit the vertical drop as much as possible, and in no case, should the total fall distance be more than 30 centimeters or (1 foot). A fall restraint system should only be used where a worker likely can regain footing or otherwise self-rescue immediately after a slip or fall. Fall protection equipment and components that are intended only for fall restraint applications should be clearly and permanently marked to indicate such a limitation.

Fall Arrest

If the equipment cannot be arranged to limit the vertical drop to 30 cm, then the personal fall protection system should be a fall arrest type, and the system will need to address the additional requirements for fall arrest. For example, section 11.4(1) of the *OHS Regulation* requires workers to wear a full body harness or other harness acceptable to the Board when using a personal fall protection system for fall arrest. Further, the anchor the worker is connected to must meet the requirements of section 11.6(3) of the *OHS Regulation*.

Equipment standards

Equipment used for a fall protection system must:

(a) Consist of compatible and suitable components,

(b) Be sufficient to support the fall restraint or arrest forces, and

(c) Meet, and be used in accordance with, an applicable CSA or ANSI standard in effect when the equipment was manufactured, subject to any modification or upgrading considered necessary by the Board.

3. FALL PROTECTION SYSTEMS / MAINTENANCE AND INSPECTIONS

Fall protection systems will be assembled and maintained according to manufacturer's recommendations and instructions when using a manufactured system. A copy of those instructions shall be available on-site for reference. Any fall protection system used will meet all regulation requirements. Assembly and maintenance instructions unique to this worksite such as components, placement of systems, anchor points, areas where systems are particularly subject to damage, etc., are specified below.

Where selection for fall protection with regards to regulation hierarchy will not be practicable, indicate reason for this assessment in "Other Instructions" for each system accordingly.

Covers or Hatches

(Must follow WCB guidelines as set out in ***section 4.59 Floor & Roof Openings***)

- Be able to support twice the weight of employees and equipment that would be on it at the same time or twice the maximum axle load of the largest vehicle that would cross it.
- Be secured to prevent accidental displacement.
- Be marked with the word "Cover" or "Hole".

_____

Material(s) used:

Locations/Other Instructions:

_____

_____

_____

_____

Standard Guardrails

(Must follow WCB guidelines as set out in ***sections 4.54 to 4.63 Guardrails***)

_____ _____

Post Material: Rail Material:

_____ _____

Post Spacing (8' max): Anchor Method:

_____

Configuration and placement sketch attached?

Yes _____ No _____

Locations/Other Instructions:

_____

_____

_____

_____

Fall Restraint (Must follow WCB regulation/guidelines as set out in ***Part 11 Fall Protection***)

_____

System Component List:

_____

Anchor Point at this worksite:

_____

Configuration and placement sketch attached?

Yes _____ No _____

_____

Other Instructions:

Fall Arrest (Must follow WCB regulation/guidelines as set out in ***Part 11 Fall Protection***)

_____

System Component List:

_____

Anchor Point at this worksite:

_____

Configuration and placement sketch attached?

Yes _____ No _____

_____

Other Instructions:

Anchor(s) (Must follow WCB regulation/guidelines as set out in ***section 11.6 Anchors***)

Each personal fall protection system that is connected to an anchor must be secured to an independent point of anchorage. An anchor for a personal fall protection system must have an ultimate load capacity in any direction in which a load may be applied of at least…

- **Fall Arrest:** Ultimate load capacity in any direction of (5000 lbs)
- **Fall Restraint:** Ultimate load capacity in any direction of (800 lbs)

_____ _____

System Component Type: Manufacturer Instructions On site?

Configuration and placement sketch attached? Yes _____ No _____

Control Zones and Safety Monitors (Must follow WCB regulation/guidelines as set out in ***G11.2(5)***

_____

System Component List:

_____

Configuration and placement sketch attached?

Yes _____ No _____

_____

Other Instructions:

_____

Safety Monitor(s):

Control Zone Employees:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Other Fall Protection System Provide a description of how the system is to be assembled, disassembled, operated, inspected, and maintained, including specifications for materials to be used in its construction:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

4. MAINTENANCE / INSPECTION / DISASSEMBLY PROCEDURE

Inspection and Maintenance (Must follow WCB regulation/guidelines as set out below)

Equipment used in a fall protection system must be

(a) Inspected by a qualified person before use on each work shift,

(b) kept free from substances and conditions that could contribute to its deterioration, and

(c) Maintained in good working order.

Removal from Service

After a fall protection system has arrested the fall of a worker, it must

(a) be removed from service, and

(b) not be returned to service until it has been inspected and recertified as safe for use by the manufacturer or its authorized agent, or by a professional engineer.

Any defective equipment will be tagged and removed from use immediately.

Qualified Person(s) (List all trained and or qualified person(s) in Fall Protection)

Name of Qualified Person	Company	Position	Contact Phone
Professional Engineer	Company	Position	Contact Phone
Trade Safety Coordinator	Company	Position	Contact Phone

5. STORAGE & SECURITY OF TOOLS AND MATERIAL.

Toe boards (at least 4 inches in height) will be installed along the edge of all scaffolding and walking surfaces for a distance sufficient to protect employees below to prevent tools and equipment from falling from scaffolding. Where tools, equipment, or materials are piled higher than the top of the toe board, paneling, or screening will be erected to protect employees below. Other specific handling, storage and securing is as follows:

_____

_____

_____

6. OVERHEAD PROTECTION

Hard hats are required on all job sites. Warning signs will be posted to caution of existing hazards whenever they are present. In some cases, debris nets may be used if a condition warrants additional protection. Additional overhead protection will include:

_____

_____

_____

7. INJURED WORKER RESCUE (Emergencies and Injuries)

First Aid Trained Employee(s) On Site:

_____	_____	
Name:	Title:	Level:
_____	_____	
Name:	Title:	Level:
_____	_____	
First Aid Kit Location(s):	Rescue Equipment Location(s):	

_____

Nearest Medical Facility:

_____

Emergency Services Phone Numbers:

_____

Location of Nearest Telephone:

Normal site specific first aid procedures should be followed and performed without delay. The signaling of rescue and/or first aid should be done immediately.

If the area is safe for entry, first aid should be initiated by the attendant, qualified person(s) or other certified individual.

Initiate Emergency Services – Dial 911 (where available)

Emergency Rescue Considerations

When personal fall arrest systems are used, the employer must assure that employees can be promptly rescued or can rescue themselves should a fall occur. The availability of rescue personnel, ladders, or other rescue equipment should be evaluated. In some situations, equipment that allows employees to rescue themselves after the fall has been arrested may be desirable, such as devices that have descent capability.

Describe equipment & methods to be used for the removal of the injured worker(s):

(Include any equipment used and names of person(s) in charge of specific daily rescue tasks)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

8. EMPLOYEE TRAINING AND INSTRUCTION PROGRAM

Prior to permitting employees into areas where fall hazards exist, all employees must be trained regarding fall protection work plan requirements. Inspection of fall protection devices/systems must be made to ensure compliance with WCB Regulation.

All employees have been instructed on the provisions of this plan and have been trained in the proper use of all fall protection equipment before the beginning of work by a qualified person.

By signing this form/document, the employees acknowledge that they have been trained in the proper use of the equipment and understand the plan and agree to adhere to the policy.

This form becomes part of the company/employee's personnel file.
The fall protection work plan will be reviewed before work begins on the job site. Those employees attending will sign below. The fall protection equipment use will be reviewed regularly at the regular safety meetings.

Employee Training Record

Name (Print)	Signature	Date

This form is invalid if not completed and signed Date:

The competent/qualified person's signature verifies that the hazard analysis has been done, the employees informed of the plan's provisions and that employees have received training in the fall protection system(s) in use:

Name: Position: Signature:

Fall Protection

Competent and Qualified Person Designation Form

Safety Authority: **Sonic Drilling Ltd** Safety Department Program: Fall Protection

Contractor:_____ Supervisor:_____

Candidate's Name	Position	Supervisor Name
Division/Department	Contact phone	Alternate
Select One:	Competent Person	Qualified Person
Experience (include dates)		
Education and Training (include dates)		
Professional Certifications (if applicable)		

Person making this designation (print)	
Signature	
Designee Acceptance of Designation (sign)	
Date	