

American Scaffolding, Inc.

FALL PROTECTION PRE-PLAN

DATE: _____

FOREMAN: _____

LOCATION OF WORK: _____

TYPE OF WORK BEING PERFORMED: _____

METHODS OF FALL PROTECTION TO BE USED:

TYPES OF FALL PROTECTION EQUIPMENT AND DEVICES BEING USED:

LIST ANY ADDITIONAL SAFETY PRECAUTIONS NECESSARY TO PERFORM THIS OPERATION:

FOREMAN SIGNATURE: _____

EMPLOYEES PERFORMING THE OPERATIONS (PRINT AND SIGN)

