



Competent Person Evaluation Fall Restraint & Fall Arrest

This is a check list which has been devised to help/assist the employer determine if the person he/she has designated as a Competent Person is competent within the description and intent of the Fall Restraint and Fall Arrest Standard, WAC 296-155-24503 (7).

Employee's name		Position	
Date of evaluation by employer	Length of time with employer	Lengthen of experience in fall protection	

Training:

Does the designated individual have training in:	Yes	No
Use of fall protection equipment.	<input type="checkbox"/>	<input type="checkbox"/>
Inspection requirements of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Storage of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Identifying fall hazards	<input type="checkbox"/>	<input type="checkbox"/>
Requirements of the fall restraint & fall arrest standards	<input type="checkbox"/>	<input type="checkbox"/>

Knowledge:

Does the individual have knowledge about:	Yes	No
Fall hazards	<input type="checkbox"/>	<input type="checkbox"/>
Use of protective systems	<input type="checkbox"/>	<input type="checkbox"/>
Requirement of the standards	<input type="checkbox"/>	<input type="checkbox"/>
Fall protection work plans	<input type="checkbox"/>	<input type="checkbox"/>
Emergency removal	<input type="checkbox"/>	<input type="checkbox"/>
Line capacity	<input type="checkbox"/>	<input type="checkbox"/>

Authority:

Does the designated individual have authority to:	Yes	No
Take prompt corrective measures to eliminate existing and predictable hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Stop work until hazards are corrected or eliminated or controlled and remove employees from the hazardous area until proper systems are in place?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Yes	No
Do you consider the individual to be competent within the requirements of the fall restraint and fall arrest standard ?	<input type="checkbox"/>	<input type="checkbox"/>
If not, why? Areas to be strengthened.		
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<hr/>		
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Continue on reverse if more space is needed.

Employer/Representative Signature: _____

FALL PROTECTION WORK PLAN

Note: Employees must review the requirements of this fall protection work plan prior to starting work. This plan must be available at the jobsite during work activities. Also, employees must be trained and instructed in accordance with Washington Administrative Code, WAC 296-155-245, and Part C-1. This program involves establishing a fall protection work plan, system, or a combination of prevention and protection measures.

Job Location:

Date:

Description of Work:

1. Identify all fall hazards in the work area:

- | | | |
|--|---|---|
| <input type="checkbox"/> Leading edge | <input type="checkbox"/> Stairways | <input type="checkbox"/> Floor openings |
| <input type="checkbox"/> Perimeter edge | <input type="checkbox"/> Ladders | |
| <input type="checkbox"/> Scaffold erection/disassembly | <input type="checkbox"/> Through a roof | |
| <input type="checkbox"/> Other (describe): | | |

2. Method of fall protection to be provided:

- | | |
|---|--|
| <input type="checkbox"/> Fall Restraint | Type of Harness: Full Body Harness and Lanyard
Anchor Point: |
| <input type="checkbox"/> Fall Arrest | Type of Harness: Full Body Harness and Lanyard
Anchor Point: |
| <input type="checkbox"/> Safety Warning Line System | Note: Warning line must erected 15 feet back from the unprotected edge. Caution or danger tape is acceptable for a warning line. WISHA will accept it as equivalent to a flagged rope or chain warning line. |
| <input type="checkbox"/> Safety Watch System | Note: Can be used when the employee is conducting any repair work or servicing equipment on a roof that has a pitch no greater than four in twelve. There can only be two people on the roof while the safety watch system is used: The employee acting as the safety watch and the employee engaged in repair work. |

3. Describe the correct procedure for handling, storage, and securing of tools and material:

5. Describe the method for prompt, safe removal of injured workers:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Initiate emergency response (911) | <input type="checkbox"/> Use drop lines or retraction devices | <input type="checkbox"/> Use ladders |
| <input type="checkbox"/> Utilize lift truck or personnel platform | <input type="checkbox"/> Utilize scaffolds | |
| <input type="checkbox"/> Other (describe): | | |

8. Identify the employees working at/near a "leading edge."

_____	_____
_____	_____
_____	_____

Fall Protection Plan Completed By: