

Suncor St. Clair Ethanol Fall Protection Rescue Plan Form

Start Date dd/mm/yyyy
 End Date dd/mm/yyyy
 Supervisor:
 Suncor Contact (if applicable):



Description of Work			
Work Activity		Specialized Applications/Additional Requirements	
Structural	<input type="checkbox"/> Check	Confined Space	<input type="checkbox"/> Check
Open Surface	<input type="checkbox"/> Check	Working above water/fluids	<input type="checkbox"/> Check
Ladders	<input type="checkbox"/> Check	Working above live machinery	<input type="checkbox"/> Check
Unprotected Edges	<input type="checkbox"/> Check	Other (Describe):	<input type="checkbox"/> Check
Mobile Life	<input type="checkbox"/> Check	Other (Describe):	<input type="checkbox"/> Check
Work Platforms	<input type="checkbox"/> Check	Other (Describe):	<input type="checkbox"/> Check
Scaffold (building/no guard rail)	<input type="checkbox"/> Check		
Other (Describe):	<input type="checkbox"/> Check		
Hazard Assessment for Work Activity and Rescue			
Structural Failure	<input type="checkbox"/> Check	Hazardous Gas	<input type="checkbox"/> Check
Entanglement	<input type="checkbox"/> Check	Hazardous Products	<input type="checkbox"/> Check
Slippery Surfaces	<input type="checkbox"/> Check	Water/Fluid/Drowning	<input type="checkbox"/> Check
Poor Lighting	<input type="checkbox"/> Check	Gravity Fed Objects	<input type="checkbox"/> Check
Difficult Descent	<input type="checkbox"/> Check	Electrical Sources	<input type="checkbox"/> Check
Other (Describe):	<input type="checkbox"/> Check	Other (Describe):	<input type="checkbox"/> Check
Fall Restricting or Arrest Equipment			
Full Body Harness	<input type="checkbox"/> Check	Retractable Web Lanyard	<input type="checkbox"/> Check
Lanyard - Fixed Length	<input type="checkbox"/> Check	Retrac - Cable	<input type="checkbox"/> Check
Lanyard - Self Retracting	<input type="checkbox"/> Check	Wire Rope Lanyard	<input type="checkbox"/> Check
V-Lifeline	<input type="checkbox"/> Check	Anchor Point - Structural	<input type="checkbox"/> Check
H-Lifeline	<input type="checkbox"/> Check	Anchor Point - Engineered	<input type="checkbox"/> Check
Rope Grabs	<input type="checkbox"/> Check	Anchor Point - Tripod	<input type="checkbox"/> Check
Carabiners	<input type="checkbox"/> Check	Anchor Point - Crane	<input type="checkbox"/> Check
Lifeline	<input type="checkbox"/> Check	Anchor Point - Other	<input type="checkbox"/> Check
Other (Describe):	<input type="checkbox"/> Check	Other (Describe):	<input type="checkbox"/> Check
Rescue Method(s)			
Self-Rescue	<input type="checkbox"/> Check	Rescue Pole	<input type="checkbox"/> Check
Assisted Self-Rescue	<input type="checkbox"/> Check	Assembled Scaffold	<input type="checkbox"/> Check
Portable Ladder - Rigid	<input type="checkbox"/> Check	Bucket Truck	<input type="checkbox"/> Check
Portable Ladder - Flexible	<input type="checkbox"/> Check	Rope Rescue	<input type="checkbox"/> Check
Elevated Work Platform	<input type="checkbox"/> Check	Relief Step	<input type="checkbox"/> Check
Other (Describe):	<input type="checkbox"/> Check	Other (Describe):	<input type="checkbox"/> Check
Rescue Equipment Location			
Communication		Internal/External Contacts	
Observer/Attendant	<input type="checkbox"/> Check	CVECO	<input type="checkbox"/> Check
Radio (specify channel)	<input type="checkbox"/> Check	Ambulance	<input type="checkbox"/> Check
Air Horn	<input type="checkbox"/> Check	Fire Department	<input type="checkbox"/> Check
Other (Describe):	<input type="checkbox"/> Check	Other (Describe):	<input type="checkbox"/> Check
		Other (Describe):	<input type="checkbox"/> Check

I have reviewed and understand the above Fall Protection Rescue Plan -

Name:	Signature:	dd/mm/yyyy
Name:	Signature:	dd/mm/yyyy
Name:	Signature:	dd/mm/yyyy
Name:	Signature:	dd/mm/yyyy