

FALL PROTECTION TRAINING CHECKLIST

Name of Trainee: _____	
Name of Trainer: _____	
Location of Training: _____	
	<input checked="" type="checkbox"/> <input type="checkbox"/>
Local regulations explained?	<input type="checkbox"/> <input type="checkbox"/>
Local regulations understood?	<input type="checkbox"/> <input type="checkbox"/>
Knows difference between Fall Arrest and Fall Restraint?	<input type="checkbox"/> <input type="checkbox"/>
Anchorage explained?	<input type="checkbox"/> <input type="checkbox"/>
5,000/800 lbs. per person (fall restraint/fall arrest)	<input type="checkbox"/> <input type="checkbox"/>
Explained difference between fixed and prop line	<input type="checkbox"/> <input type="checkbox"/>
Inspection/choice of anchorage	<input type="checkbox"/> <input type="checkbox"/>
Line selection/lanyard/ropegrab?	<input type="checkbox"/> <input type="checkbox"/>
Choice/inspection of line	<input type="checkbox"/> <input type="checkbox"/>
Choice/inspection of lanyard	<input type="checkbox"/> <input type="checkbox"/>
Choice/inspection of rope grab	<input type="checkbox"/> <input type="checkbox"/>
Use of line – proper tie-off	<input type="checkbox"/> <input type="checkbox"/>
Use of rope grab	<input type="checkbox"/> <input type="checkbox"/>
Free fall restricted to 4 feet.	<input type="checkbox"/> <input type="checkbox"/>
Body harness, belts and “hands on” explanation?	<input type="checkbox"/> <input type="checkbox"/>
Fall restraint with belts explained	<input type="checkbox"/> <input type="checkbox"/>
Fall arrest with body harness explained	<input type="checkbox"/> <input type="checkbox"/>
Hands on demo used	<input type="checkbox"/> <input type="checkbox"/>
Roll out prevention explained?	<input type="checkbox"/> <input type="checkbox"/>
Worker is in good physical condition with no conditions which may be aggravated by a fall?	<input type="checkbox"/> <input type="checkbox"/>
Trainee understands that retraining may be asked for and any questions and/or hesitations should be clarified in safely using fall arrest equipment?	<input type="checkbox"/> <input type="checkbox"/>
Trainee questions:	
Trainee Signature: _____ Date: _____	
Trainer Signature: _____ Date: _____	
Notes: _____	