

CONSTRUCTION LAW GROUP

113 South Monroe Street, 1<sup>st</sup> Floor, Tallahassee, Florida 32301 Tel: 850.213.1295 Fax: 813.902.7612 www.trentcotney.com

## www.uenceomey.com

## EMPLOYEE FALL PROTECTION COMPLIANCE AGREEMENT

- 1) \_\_\_\_\_ I am aware that OSHA General Fall Protection Standards require all employees working over a height of six feet or more above a lower level to utilize fall protection equipment.
- I am aware that OSHA Steel Erection Standards require any employee engaged in steel erection on a walking or working surface with unprotected edges more than 15 feet above a lower level to utilize fall protection equipment.
- 3) \_\_\_\_\_ The company has trained me on the dangers associated with a fall, and I am aware that a fall can cause serious injury or death.
- 4) \_\_\_\_\_ I understand that all falls are 100% preventable if I use the proper training and equipment in order to avoid this hazard.
- 5) \_\_\_\_\_ I have been trained by the company on how to avoid and protect against fall hazards by utilizing the proper Personal Protective Equipment ("PPE") such as, but not limited to, a harness, lanyard, rope grab, d-ring, snaphook, anchor system, and rope.
- 6) \_\_\_\_\_ In addition to the use of PPE for fall arrest systems, I have been trained on alternative means of fall protection such as, but not limited to, the use of guard rails, safety nets, positioning device systems, and fall restraint systems.
- 7) \_\_\_\_\_ I have received training from the company with regard to the proper way to connect snaphooks from my lanyard to the d-rings on my harness.
- 8) \_\_\_\_\_ I understand that my rope, lanyard, and any rope grabs must be rigged in such a way as to limit my free fall distance to less than six feet or to a distance less than the distance to the lower level.
- 9) \_\_\_\_\_ The company has provided me with a training program which allows me to recognize the hazards associated with a fall.
- 10) \_\_\_\_\_ The company has trained me on the procedures to be followed in order to minimize the hazards associated with a fall.
- 11) \_\_\_\_\_ I understand that if I am discovered by my employer without proper fall protection measures in place, I may be subjected to any or all of the following: a safety hazard citation, mandatory safety retraining, jobsite suspension, jobsite removal, and/or termination of my employment.
- 12) \_\_\_\_\_ If my supervisor or employer elects to utilize PPE fall protection on a project, I agree to properly wear the PPE and I will ensure that my harness, lanyard, rope grab, d-ring, snaphook, anchor system, and rope are all properly connected to a secure point within or about the structure.

I, \_\_\_\_\_\_, have received fall protection training from my employer and/or supervisor at the company. I understand the policies and procedures as they pertain to the requirements for fall protection on any and all jobs for which the company provides construction services. I fully understand and agree to the rules referenced above, and I shall continue to abide by these rules, policies, and procedures throughout my employment.

Employee Signature:	Supervisor Signature:
Print Name:	Print Name:
Date:	Date: