

Job Task Observation		Warning this document is to be used in conjunction with an online fall protection training course. The Worker must be evaluation at the following practical activities.		
Date		Theory Training Program		
Worker Name		Occupation		
Employer		Location of Evaluation		
Can the worker describe common times they would require fall protection in their occupation.	<i>List their Response</i>			
Can the worker describe how they would find and reference a paper or electronic copy of the Provincial Legislation?	<i>List their Response</i>			
Evaluation Items	Can the worker properly install the following items according the steps outlined in the Manufacturers Instructions?	Can the worker properly inspect the following items according the steps outlined in the Manufacturers Instructions?	Can the worker properly describe the hazards according to the Manufacturers Instructions?	Brand/Model used in evaluation
Anchorage Adapters	Steel cable anchor	Yes No Na	Yes No Na	
	Webbing anchor without softner	Yes No Na	Yes No Na	
	Webbing anchor with softner	Yes No Na	Yes No Na	
	Beam Grip	Yes No Na	Yes No Na	
	Beam Slider	Yes No Na	Yes No Na	
	Weight Anchor (set up)	Yes No Na	Yes No Na	
	D-Ring	Yes No Na	Yes No Na	
Other:	Yes No Na	Yes No Na		
Connectors	Small Carabiner	Yes No Na	Yes No Na	
	Large Carabiner	Yes No Na	Yes No Na	
	Small Snaphook	Yes No Na	Yes No Na	
	Large Snaphook	Yes No Na	Yes No Na	
	Other Connector	Yes No Na	Yes No Na	
Lanyard	Webbing Lanyard	Yes No Na	Yes No Na	
	Rope Lanyard	Yes No Na	Yes No Na	
	Cable Lanyard	Yes No Na	Yes No Na	
	Double Leg	Yes No Na	Yes No Na	
	Adjustable	Yes No Na	Yes No Na	
	Other:	Yes No Na	Yes No Na	
Self Retracting Device	Small type 1 single	Yes No Na	Yes No Na	
	Small type 1 with two units mounted to harness	Yes No Na	Yes No Na	
	Type 2	Yes No Na	Yes No Na	
	Type 3 (Can they properly cycle between fall arrest and rescue modes)?	Yes No Na	Yes No Na	
Horizontal Life Line	Steel Cable HLL	Yes No Na	Yes No Na	
	Rope HLL	Yes No Na	Yes No Na	
	Webbing HLL	Yes No Na	Yes No Na	
	Other	Yes No Na	Yes No Na	
Harness	Harness Donning	Yes No Na	Yes No Na	
Control Zones	Describe the style of control zone used? Rope, Chain, Cable Etc.	Yes No Na	Yes No Na	
Procedures In Place of Fall Protection, are they able to describe when and how to use this?	Yes No Na <i>List their Response</i>			
Fall Protection On Scaffolding, are the able to describe when and how to use this?	Yes No Na <i>List their Response</i>			
Rescue; Can worker describe the actions that would need to be taken to affect a rescue of a fallen worker.	Yes No Na <i>List their Response</i>			
I agree that I participated in this practical evaluation of my skills and this is a fair representation of my abilities.	Worker Name:		Worker Signature:	