



**MALTA  
DYNAMICS**  
Fall Protection and Safety



**OSHA  
SURVIVAL GUIDE  
FOR FALL PROTECTION**

2022



## **FALL PROTECTION SURVIVAL GUIDE**

Fall Protection remains high at the top of listed violations, fines, injuries, and deaths year after year. We have compiled the exact OSHA regulations and language and built easy-to-use forms to satisfy the strictest of inspectors. This 'Survival Guide' is a Field Tested, Field Approved solution to ensure your workers are safe, your documentation is in order, and your Fall Protection plan is rock solid.

# TABLE OF CONTENTS

**02**

**INTRODUCTION**

---

**04**

**HAZARD 1**

---

**08**

**HAZARD 2**

---

**12**

**HAZARD 3**

---

**16**

**HAZARD 4**

---

**20**

**FALL CLEARANCE  
CHARTS**

---

**22**

**INSPECTION FORMS**

**30**

**OSHA GLOSSARY:  
OSHA 1910.140**

**32**

**OSHA TRAINING  
REQUIREMENTS**  
OSHA 1926.503

**34**

**SAFETY AND HEALTH REGULATIONS  
FOR CONSTRUCTION**  
1926 SUBPART M





Building/Location: .....  
Assessment Performed By:.....  
Date of Assessment:.....

**Reason for Accessing the Area:  
(Check all that apply and describe the work that will be done in the area)**

1. Inspection		
2. Maintenance		
3. Electrical		
4. Construction		
5. Repair/Service		
6. Cleaning		
7. Testing		
8. Other		

**METHOD OF ACCESS**

Stairs                       Portable Ladder                       Aerial Lift  
 Fixed Ladder                       Ship's Ladder                       Other \_\_\_\_\_

Can workers in this area approach within 15 feet of an unprotected edge?

Yes    No                      Comments: \_\_\_\_\_

Are workers in this area exposed to a fall of 4 feet or more?

Yes    No                      Comments: \_\_\_\_\_

Other hazards in the work area:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Low Light         | <input type="checkbox"/> Protruding Objects | <input type="checkbox"/> Moving Parts    |
| <input type="checkbox"/> Unstable Footing  | <input type="checkbox"/> Pedestrian Traffic | <input type="checkbox"/> High Winds      |
| <input type="checkbox"/> Unstable Surfaces | <input type="checkbox"/> Hidden Drop-offs   | <input type="checkbox"/> Weather-related |
| <input type="checkbox"/> Slippery Surfaces | <input type="checkbox"/> Open Floor Holes   | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Sloping Surfaces  | <input type="checkbox"/> Floor Openings     |  |
| <input type="checkbox"/> Trip Hazards      | <input type="checkbox"/> Skylights          |  |

Can the hazard be eliminated? (Ex: moving the work to another location, etc.)

Yes No Comments: \_\_\_\_\_

Can fall prevention measures be engineered/installed at the site? (Ex: guard rail systems, horizontal lifelines with fall restraints, etc.)

Yes No Comments: \_\_\_\_\_

Can personal fall protection be used to arrest a fall? (ex: full-body harnesses, lanyards, Self-retracting Lifelines)

Yes No Comments: \_\_\_\_\_

Fall Height: \_\_\_\_\_ Fall Arrest Stopping Distance: \_\_\_\_\_

Tie-off points: \_\_\_\_\_

PPE required: \_\_\_\_\_

Is there a rescue plan in place in case of a fall from this area?

Yes No Comments: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**HAZARD 1**

**YOUR FALL RESCUE PLAN QUICK SHEET**



**Authorized Rescuers**

Name:

Position/Role:


**Fall Response Checklist:**

In response to a fall, immediately review the following checklist. Remember, a quick rescue is critical to preventing secondary injuries and death.

- Can the victim be pulled to safety to avoid hanging suspended?
- Is the worker's harness equipped with trauma straps?
- Are the victim or rescuers equipped with a rescue ladder?
- Is the victim attached to an SRL that rescuers can access?
- Do rescuers have access to a lift?
- Have emergency services been called?

**First-Aid Trained Employees On Site:**

Name:

Position/Role:


**Emergency Supplies:**

Location of nearest rescue ladder.....

Location of nearest first-aid kit: .....

Location of nearest defibrillator: .....

Location of nearest telephone: .....

**Emergency Numbers**

Supervisor.....

Safety Manager: .....

Nearest Medical Facility: .....

Emergency Services: 9-1-1

Medical:.....

Fire: .....

Police: .....



Building/Location: .....  
 Assessment Performed By:.....  
 Date of Assessment:.....

**Reason for Accessing the Area:  
 (Check all that apply and describe the work that will be done in the area)**

1. Inspection		
2. Maintenance		
3. Electrical		
4. Construction		
5. Repair/Service		
6. Cleaning		
7. Testing		
8. Other		

**METHOD OF ACCESS**

Stairs                       Portable Ladder                       Aerial Lift  
 Fixed Ladder                       Ship's Ladder                       Other \_\_\_\_\_

Can workers in this area approach within 15 feet of an unprotected edge?

Yes    No                      Comments: \_\_\_\_\_

Are workers in this area exposed to a fall of 4 feet or more?

Yes    No                      Comments: \_\_\_\_\_

Other hazards in the work area:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Low Light         | <input type="checkbox"/> Protruding Objects | <input type="checkbox"/> Moving Parts    |
| <input type="checkbox"/> Unstable Footing  | <input type="checkbox"/> Pedestrian Traffic | <input type="checkbox"/> High Winds      |
| <input type="checkbox"/> Unstable Surfaces | <input type="checkbox"/> Hidden Drop-offs   | <input type="checkbox"/> Weather-related |
| <input type="checkbox"/> Slippery Surfaces | <input type="checkbox"/> Open Floor Holes   | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Sloping Surfaces  | <input type="checkbox"/> Floor Openings     |  |
| <input type="checkbox"/> Trip Hazards      | <input type="checkbox"/> Skylights          |  |

Can the hazard be eliminated? (Ex: moving the work to another location, etc.)

Yes No Comments: \_\_\_\_\_

Can fall prevention measures be engineered/installed at the site? (Ex: guard rail systems, horizontal lifelines with fall restraints, etc.)

Yes No Comments: \_\_\_\_\_

Can personal fall protection be used to arrest a fall? (ex: full-body harnesses, lanyards, Self-retracting Lifelines)

Yes No Comments: \_\_\_\_\_

Fall Height: \_\_\_\_\_ Fall Arrest Stopping Distance: \_\_\_\_\_

Tie-off points: \_\_\_\_\_

PPE required: \_\_\_\_\_

Is there a rescue plan in place in case of a fall from this area?

Yes No Comments: \_\_\_\_\_



Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**HAZARD 2**

**YOUR FALL RESCUE PLAN QUICK SHEET**



**Authorized Rescuers**

Name:

Position/Role:


**Fall Response Checklist:**

In response to a fall, immediately review the following checklist. Remember, a quick rescue is critical to preventing secondary injuries and death.

- Can the victim be pulled to safety to avoid hanging suspended?
- Is the worker's harness equipped with trauma straps?
- Are the victim or rescuers equipped with a rescue ladder?
- Is the victim attached to an SRL that rescuers can access?
- Do rescuers have access to a lift?
- Have emergency services been called?

**First-Aid Trained Employees On Site:**

Name:

Position/Role:


**Emergency Supplies:**

Location of nearest rescue ladder.....

Location of nearest first-aid kit: .....

Location of nearest defibrillator: .....

Location of nearest telephone: .....

**Emergency Numbers**

Supervisor.....

Safety Manager: .....

Nearest Medical Facility: .....

Emergency Services: 9-1-1

Medical:.....

Fire: .....

Police: .....



Building/Location: .....  
 Assessment Performed By:.....  
 Date of Assessment:.....

**Reason for Accessing the Area:  
 (Check all that apply and describe the work that will be done in the area)**

1. Inspection		
2. Maintenance		
3. Electrical		
4. Construction		
5. Repair/Service		
6. Cleaning		
7. Testing		
8. Other		

**METHOD OF ACCESS**

Stairs                       Portable Ladder                       Aerial Lift  
 Fixed Ladder                       Ship's Ladder                       Other \_\_\_\_\_

Can workers in this area approach within 15 feet of an unprotected edge?

Yes    No                      Comments: \_\_\_\_\_

Are workers in this area exposed to a fall of 4 feet or more?

Yes    No                      Comments: \_\_\_\_\_



Other hazards in the work area:

- Low Light
- Unstable Footing
- Unstable Surfaces
- Slippery Surfaces
- Sloping Surfaces
- Trip Hazards
- Protruding Objects
- Pedestrian Traffic
- Hidden Drop-offs
- Open Floor Holes
- Floor Openings
- Skylights
- Moving Parts
- High Winds
- Weather-related
- Other: \_\_\_\_\_

Can the hazard be eliminated? (Ex: moving the work to another location, etc.)

Yes No Comments: \_\_\_\_\_

Can fall prevention measures be engineered/installed at the site? (Ex: guard rail systems, horizontal lifelines with fall restraints, etc.)

Yes No Comments: \_\_\_\_\_

Can personal fall protection be used to arrest a fall? (ex: full-body harnesses, lanyards, Self-retracting Lifelines)

Yes No Comments: \_\_\_\_\_

Fall Height: \_\_\_\_\_ Fall Arrest Stopping Distance: \_\_\_\_\_

Tie-off points: \_\_\_\_\_

PPE required: \_\_\_\_\_

Is there a rescue plan in place in case of a fall from this area?

Yes No Comments: \_\_\_\_\_



Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorized Rescuers

Name:

Position/Role:


### Fall Response Checklist:

In response to a fall, immediately review the following checklist. Remember, a quick rescue is critical to preventing secondary injuries and death.

- Can the victim be pulled to safety to avoid hanging suspended?
- Is the worker's harness equipped with trauma straps?
- Are the victim or rescuers equipped with a rescue ladder?
- Is the victim attached to an SRL that rescuers can access?
- Do rescuers have access to a lift?
- Have emergency services been called?

### First-Aid Trained Employees On Site:

Name:

Position/Role:


### Emergency Supplies:

Location of nearest rescue ladder.....

Location of nearest first-aid kit: .....

Location of nearest defibrillator: .....

Location of nearest telephone: .....

### Emergency Numbers

Supervisor.....

Safety Manager: .....

Nearest Medical Facility: .....

Emergency Services: 9-1-1

Medical:.....

Fire: .....

Police: .....



Building/Location: .....  
 Assessment Performed By:.....  
 Date of Assessment:.....

**Reason for Accessing the Area:  
 (Check all that apply and describe the work that will be done in the area)**

1. Inspection		
2. Maintenance		
3. Electrical		
4. Construction		
5. Repair/Service		
6. Cleaning		
7. Testing		
8. Other		

**METHOD OF ACCESS**

Stairs                       Portable Ladder                       Aerial Lift  
 Fixed Ladder                       Ship's Ladder                       Other \_\_\_\_\_

Can workers in this area approach within 15 feet of an unprotected edge?

Yes    No                      Comments: \_\_\_\_\_

Are workers in this area exposed to a fall of 4 feet or more?

Yes    No                      Comments: \_\_\_\_\_

Other hazards in the work area:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Low Light         | <input type="checkbox"/> Protruding Objects | <input type="checkbox"/> Moving Parts    |
| <input type="checkbox"/> Unstable Footing  | <input type="checkbox"/> Pedestrian Traffic | <input type="checkbox"/> High Winds      |
| <input type="checkbox"/> Unstable Surfaces | <input type="checkbox"/> Hidden Drop-offs   | <input type="checkbox"/> Weather-related |
| <input type="checkbox"/> Slippery Surfaces | <input type="checkbox"/> Open Floor Holes   | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Sloping Surfaces  | <input type="checkbox"/> Floor Openings     |  |
| <input type="checkbox"/> Trip Hazards      | <input type="checkbox"/> Skylights          |  |

Can the hazard be eliminated? (Ex: moving the work to another location, etc.)

Yes No Comments: \_\_\_\_\_

Can fall prevention measures be engineered/installed at the site? (Ex: guard rail systems, horizontal lifelines with fall restraints, etc.)

Yes No Comments: \_\_\_\_\_

Can personal fall protection be used to arrest a fall? (ex: full-body harnesses, lanyards, Self-retracting Lifelines)

Yes No Comments: \_\_\_\_\_

Fall Height: \_\_\_\_\_ Fall Arrest Stopping Distance: \_\_\_\_\_

Tie-off points: \_\_\_\_\_

PPE required: \_\_\_\_\_

Is there a rescue plan in place in case of a fall from this area?

Yes No Comments: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**HAZARD 4**

**YOUR FALL RESCUE PLAN QUICK SHEET**



**Authorized Rescuers**

Name:

Position/Role:


**Fall Response Checklist:**

In response to a fall, immediately review the following checklist. Remember, a quick rescue is critical to preventing secondary injuries and death.

- Can the victim be pulled to safety to avoid hanging suspended?
- Is the worker's harness equipped with trauma straps?
- Are the victim or rescuers equipped with a rescue ladder?
- Is the victim attached to an SRL that rescuers can access?
- Do rescuers have access to a lift?
- Have emergency services been called?

**First-Aid Trained Employees On Site:**

Name:

Position/Role:


**Emergency Supplies:**

Location of nearest rescue ladder.....

Location of nearest first-aid kit: .....

Location of nearest defibrillator: .....

Location of nearest telephone: .....

**Emergency Numbers**

Supervisor.....

Safety Manager: .....

Nearest Medical Facility: .....

Emergency Services: 9-1-1

Medical:.....

Fire: .....

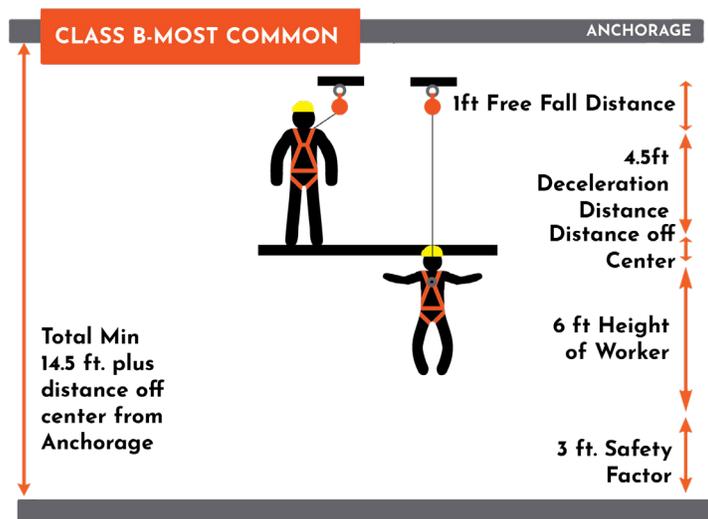
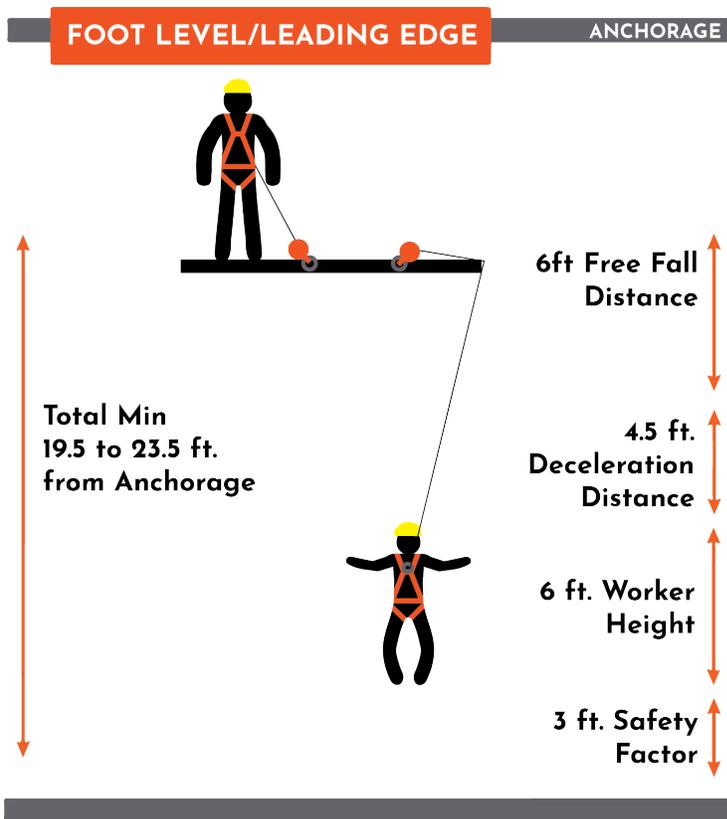
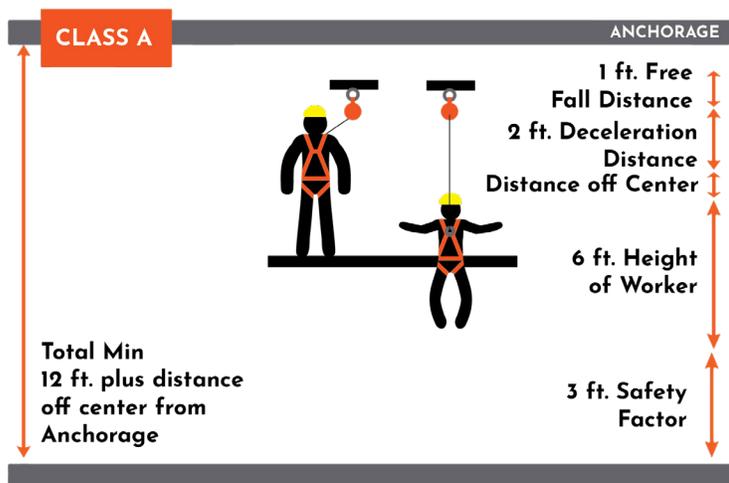
Police: .....



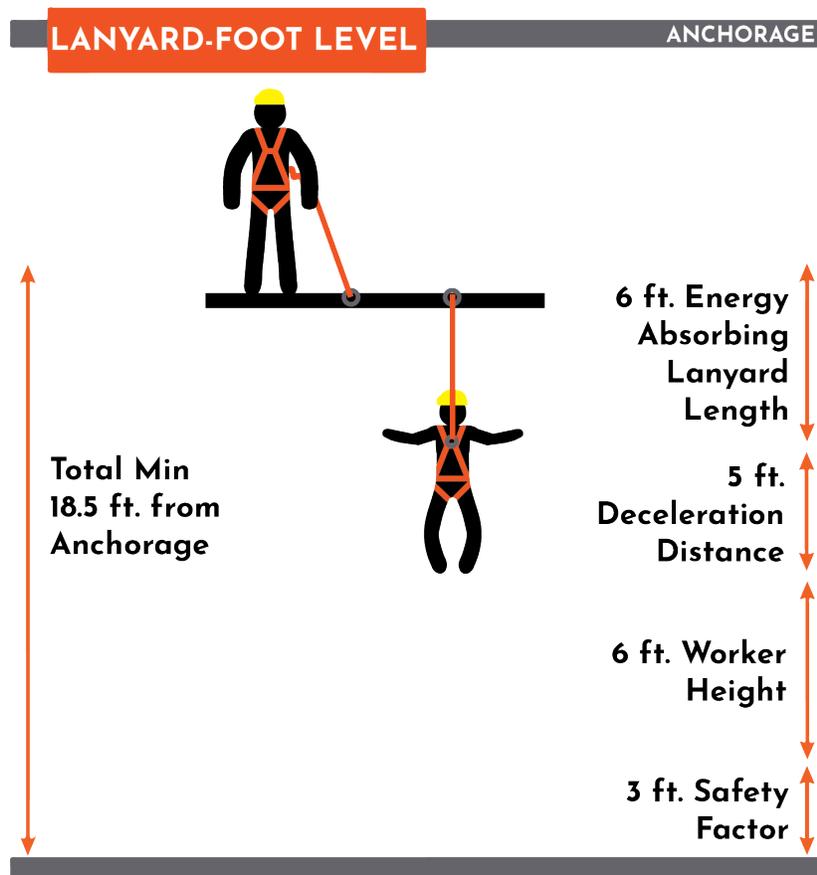
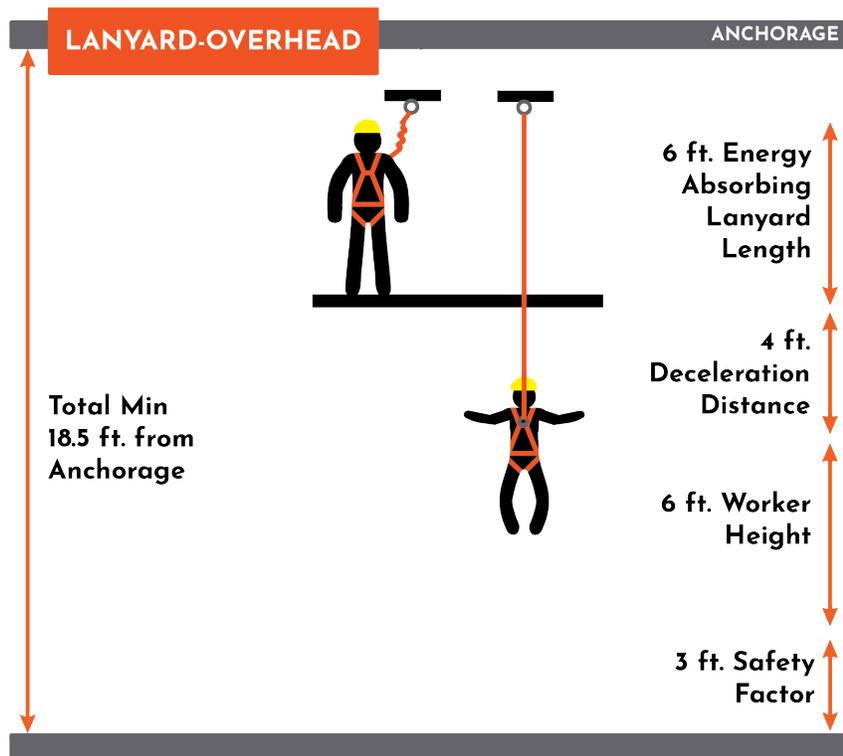
# FALL CLEARANCE CALCULATIONS FOR SELF-RETRACTING LIFELINES

Note: Since 2012, all SRL's can be rated as Class A or Class B which should be visible on each device. Both Classes of SRL's offer fall protection, just set to different standards.

Most devices are Class B – if you cannot determine your device class, calculate as if it were a Class B device. Class A devices offer a shorter deceleration distance, reducing their Fall Clearance by 2½'



# FALL CLEARANCE CALCULATIONS WHEN USING A LANYARD



# INSPECTION FORM HARNESSES

Serial # _____	Owner/Company: _____
Date of First Use: _____	Inspector: _____
Date of Manufacture: _____	Date of Inspection: _____

## LABELS & MARKINGS

	Pass	Fail
Are labels intact & legible?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate ANSI/OSHA/CSA markings visible?	<input type="checkbox"/>	<input type="checkbox"/>
Are inspections current/up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
Is date of first use documented?	<input type="checkbox"/>	<input type="checkbox"/>

## WEBBING

	Pass	Fail
Are shoulder/chest/leg/back straps intact?	<input type="checkbox"/>	<input type="checkbox"/>
Are cuts/burns/holes present?	<input type="checkbox"/>	<input type="checkbox"/>
Is paint contamination present?	<input type="checkbox"/>	<input type="checkbox"/>
Any signs of excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>
Any signs of heat/UV damage?	<input type="checkbox"/>	<input type="checkbox"/>

## STITCHING

	Pass	Fail
Are shoulder/chest/leg/back straps intact?	<input type="checkbox"/>	<input type="checkbox"/>

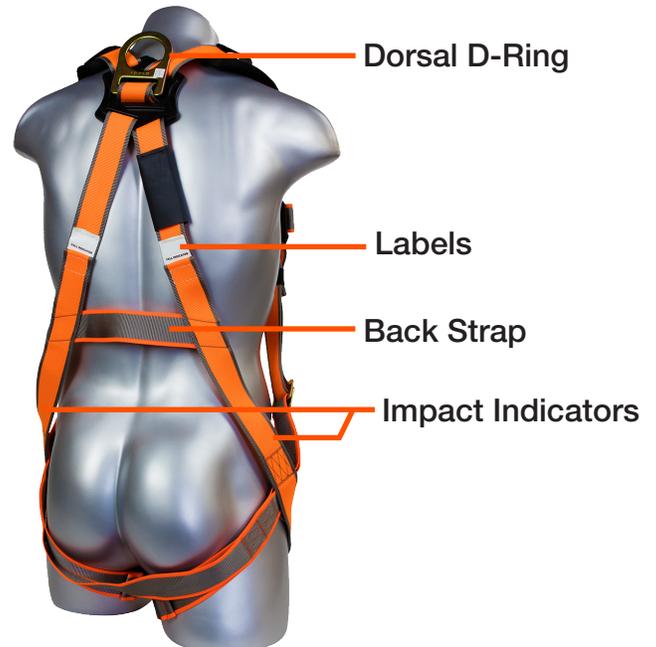
## HARDWARE (BUCKLES & D-RINGS)

	Pass	Fail
Are shoulder adjustment buckles damage free?	<input type="checkbox"/>	<input type="checkbox"/>
Is leg & waist buckles/other hardware damage free?	<input type="checkbox"/>	<input type="checkbox"/>
Is D-Rings (Dorsal, Side, Shoulder, or Sternal) damage free?	<input type="checkbox"/>	<input type="checkbox"/>
There is no corrosion/pitting/nicks?	<input type="checkbox"/>	<input type="checkbox"/>

### WARTHOG MAXX SERIES



### WARTHOG SERIES



# INSPECTION FORM

## LANYARD

Serial # _____	Owner/Company: _____
Date of First Use: _____	Inspector: _____
Date of Manufacture: _____	Date of Inspection: _____

### LABELS & MARKINGS Pass Fail

Are labels intact & legible?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate ANSI/OSHA/CSA markings visible?	<input type="checkbox"/>	<input type="checkbox"/>
Are inspections current/up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
Is date of first use documented?	<input type="checkbox"/>	<input type="checkbox"/>

### CONNECTORS Pass Fail

Does connector self-close & lock?	<input type="checkbox"/>	<input type="checkbox"/>
Are hook gate/rivets intact?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector free of corrosion?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector free of pitting & nicks?	<input type="checkbox"/>	<input type="checkbox"/>

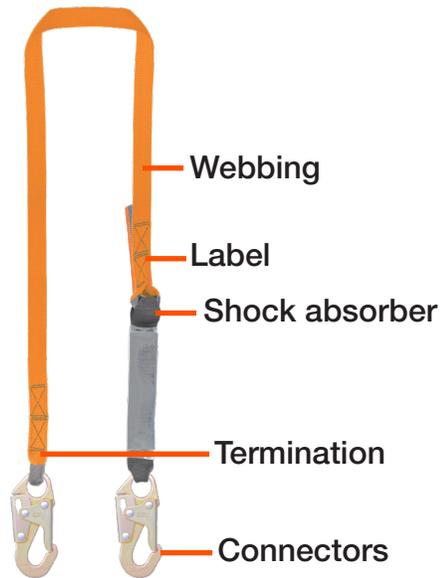
### SHOCK PACK Pass Fail

Is the cover on shrink tube is not cut or removed?	<input type="checkbox"/>	<input type="checkbox"/>
The shock pack is not cut or removed	<input type="checkbox"/>	<input type="checkbox"/>
There is no damage/fraying/broken stitching?	<input type="checkbox"/>	<input type="checkbox"/>
Impact indicator shows no signs of deployment?	<input type="checkbox"/>	<input type="checkbox"/>

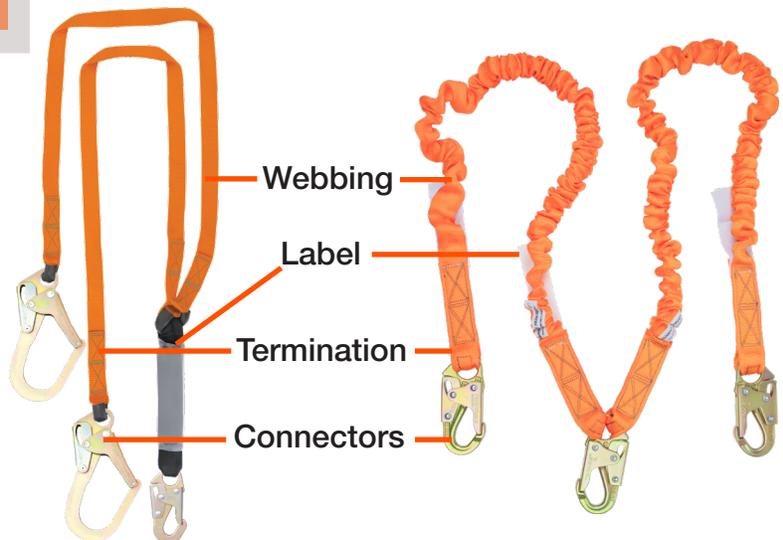
### MATERIAL (WEB OR CABLE) Pass Fail

Is there any broken/missing/loose stitching?	<input type="checkbox"/>	<input type="checkbox"/>
Check termination stitching and splices	<input type="checkbox"/>	<input type="checkbox"/>
Is webbing length proper length?	<input type="checkbox"/>	<input type="checkbox"/>
Are there cuts/burns/holes?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any chemical or paint damage?	<input type="checkbox"/>	<input type="checkbox"/>
Does cable show excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>

### SINGLE LEG LANYARD (EXTERNAL SHOCK)



### DOUBLE LEG LANYARD (INTERNAL SHOCK & NON-SHOCK)



# INSPECTION FORM REMOVABLE CONCRETE ANCHORS

Serial # _____	Owner/Company: _____
Date of First Use: _____	Inspector: _____
Date of Manufacture: _____	Date of Inspection: _____

LABELS & MARKINGS	Pass	Fail
Correct Part Number labeling?	<input type="checkbox"/>	<input type="checkbox"/>
Correct Batch Number labeling?	<input type="checkbox"/>	<input type="checkbox"/>
Are inspections are current/up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
Is date of first use documented?	<input type="checkbox"/>	<input type="checkbox"/>

CONNECTORS	Pass	Fail
Does spring function smoothly?	<input type="checkbox"/>	<input type="checkbox"/>
Does wedge anchor move freely?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector free of corrosion?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector free of pitting & nicks?	<input type="checkbox"/>	<input type="checkbox"/>

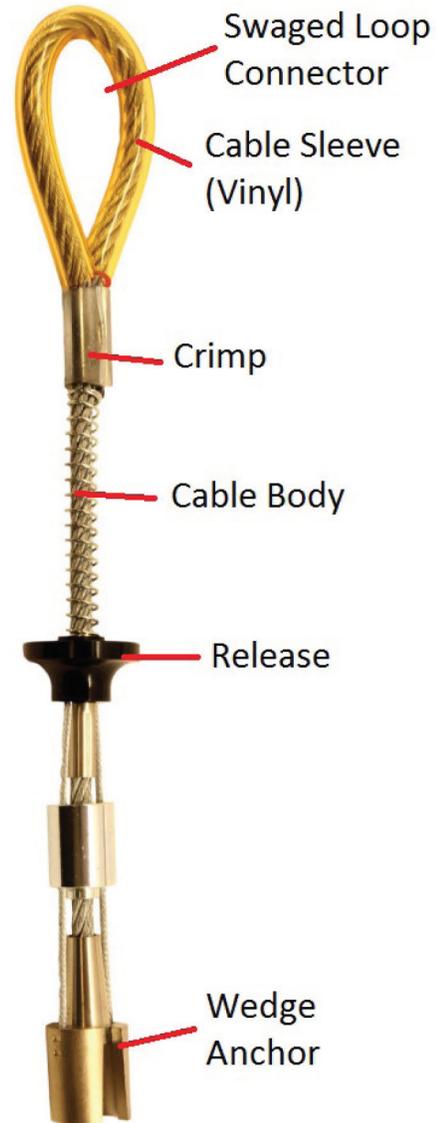
Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# INSPECTION FORM

## SELF-RETRACTING LIFELINE

Serial # _____	Owner/Company: _____
Date of First Use: _____	Inspector: _____
Date of Manufacture: _____	Date of Inspection: _____

### LABELS & MARKINGS

	Pass	Fail
Are labels intact & legible?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate ANSI/OSHA/CSA markings visible?	<input type="checkbox"/>	<input type="checkbox"/>
Are inspections current/up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
Is date of first use documented?	<input type="checkbox"/>	<input type="checkbox"/>

### HARDWARE (BUCKLES & D-RINGS)

	Pass	Fail
Is fall indicator tripper?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector free corrosion/cracks/pitting/deformation?	<input type="checkbox"/>	<input type="checkbox"/>
Does connector latch seat into nose properly?	<input type="checkbox"/>	<input type="checkbox"/>
Does connector spring firmly close latch?	<input type="checkbox"/>	<input type="checkbox"/>
Does connector keeper lock gate properly?	<input type="checkbox"/>	<input type="checkbox"/>

### HOUSING

	Pass	Fail
Is housing free of cracks/defects/blemishes?	<input type="checkbox"/>	<input type="checkbox"/>
Are all fasteners present/tight?	<input type="checkbox"/>	<input type="checkbox"/>
Does anchor point rotate and undamaged?	<input type="checkbox"/>	<input type="checkbox"/>

### LIFELINE

	Pass	Fail
Is termination tight/undamaged?	<input type="checkbox"/>	<input type="checkbox"/>
Is cable free of cuts or fraying (100%)?	<input type="checkbox"/>	<input type="checkbox"/>
Does braking mechanism function per design?	<input type="checkbox"/>	<input type="checkbox"/>
Does lifeline retract properly?	<input type="checkbox"/>	<input type="checkbox"/>
Are cable strands all intact?	<input type="checkbox"/>	<input type="checkbox"/>
Is buffer spring undamaged?	<input type="checkbox"/>	<input type="checkbox"/>
Does cable show excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>



**NOTES**

# INSPECTION FORM

## ANCHORAGE CONNECTORS

Serial # _____	Owner/Company: _____
Date of First Use: _____	Inspector: _____
Date of Manufacture: _____	Date of Inspection: _____

### LABELS & MARKINGS Pass Fail

Are labels intact & legible?)	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate ANSI/OSHA/CSA markings visible?	<input type="checkbox"/>	<input type="checkbox"/>
Are inspections current/up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
Is date of first use documented?	<input type="checkbox"/>	<input type="checkbox"/>

### D-RINGS Pass Fail

Signs of deformity present?	<input type="checkbox"/>	<input type="checkbox"/>
Is body of D-Ring damage free?	<input type="checkbox"/>	<input type="checkbox"/>
Free of corrosion?	<input type="checkbox"/>	<input type="checkbox"/>
Free of pitting/nicks?	<input type="checkbox"/>	<input type="checkbox"/>

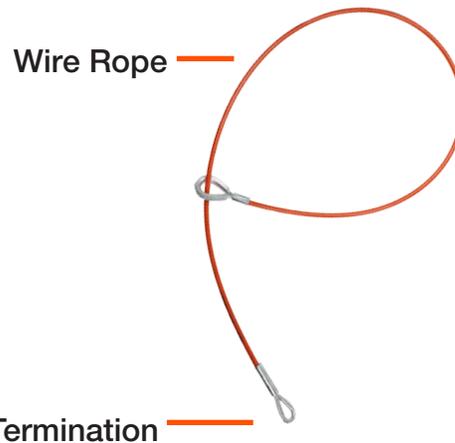
### BODY OF ANCHORAGE Pass Fail

Are bars, shafts, housing damage free?	<input type="checkbox"/>	<input type="checkbox"/>
There is no damage/fraying/broken stitching?	<input type="checkbox"/>	<input type="checkbox"/>
Impact indicator shows no signs of deployment?	<input type="checkbox"/>	<input type="checkbox"/>

### MATERIAL (WEB OR CABLE) Pass Fail

Is there any broken/missing/loose stitching?	<input type="checkbox"/>	<input type="checkbox"/>
Check termination stitching & Splices.	<input type="checkbox"/>	<input type="checkbox"/>
Is webbing length proper length?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any cuts/burns/holes?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any chemical or paint damage?	<input type="checkbox"/>	<input type="checkbox"/>
Does cable show excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>

WIRE ROPE SLING



ANCHORAGE STRAP



# INSPECTION FORM

## Carabiner

Serial # _____	Owner/Company: _____
Date of First Use: _____	Inspector: _____
Date of Manufacture: _____	Date of Inspection: _____

### LABELS & MARKINGS

	Pass	Fail
Are labels intact & legible?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate ANSI/OSHA/CSA markings visible?	<input type="checkbox"/>	<input type="checkbox"/>

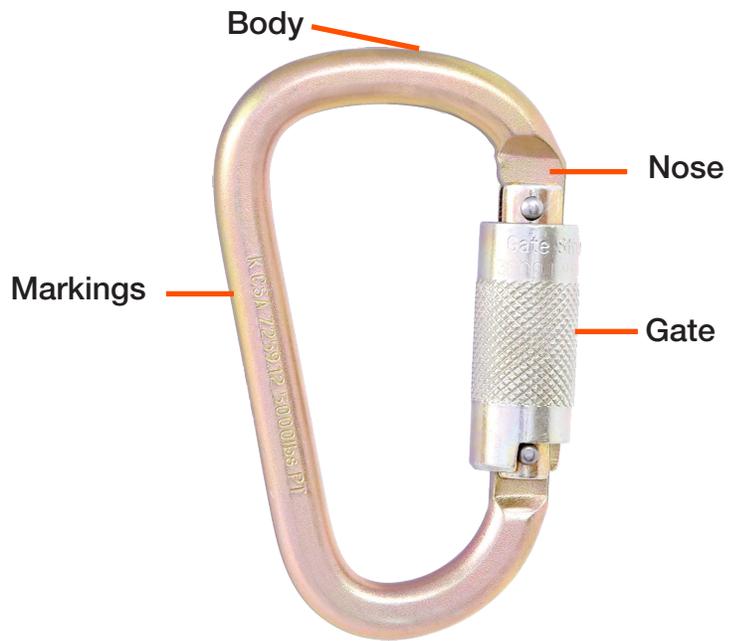
### Body

	Pass	Fail
Any sign of excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>
Any sign of deformation?	<input type="checkbox"/>	<input type="checkbox"/>
Free of corrosion/holes ?	<input type="checkbox"/>	<input type="checkbox"/>
Free of pitting/nicks?	<input type="checkbox"/>	<input type="checkbox"/>

### Gate

	Pass	Fail
Does connector self close and lock?	<input type="checkbox"/>	<input type="checkbox"/>
Is it a smooth operation?	<input type="checkbox"/>	<input type="checkbox"/>
Any sign of deformation?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector clean, free of dirt or grit?	<input type="checkbox"/>	<input type="checkbox"/>
Is lateral movement functional?	<input type="checkbox"/>	<input type="checkbox"/>

### NOTES



# INSPECTION FORM

## Vertical Lifeline

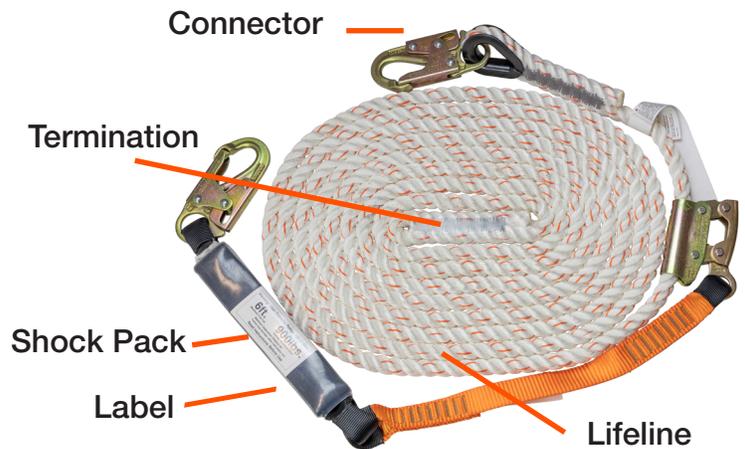
Serial # _____	Owner/Company: _____
Date of First Use: _____	Inspector: _____
Date of Manufacture: _____	Date of Inspection: _____

LABELS & MARKINGS	Pass	Fail
Are labels intact & legible?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate ANSI/OSHA/CSA markings visible?	<input type="checkbox"/>	<input type="checkbox"/>
Are inspections current/up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
Is date of first use documented?	<input type="checkbox"/>	<input type="checkbox"/>

CONNECTORS	Pass	Fail
Does connector self close and lock?	<input type="checkbox"/>	<input type="checkbox"/>
Are hook gate/rivets intact?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector free of corrosion?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector free of pitting/nicks?	<input type="checkbox"/>	<input type="checkbox"/>

SHOCK PACK (IF SUPPLIED)	Pass	Fail
The cover on shrink tube is not cut or removed?	<input type="checkbox"/>	<input type="checkbox"/>
There is no damage/fraying/broken stitching?	<input type="checkbox"/>	<input type="checkbox"/>
Impact indicator shows no signs of Deployment.	<input type="checkbox"/>	<input type="checkbox"/>

LIFELINE (ROPE OR WIRE ROPE)	Pass	Fail
Is there any broken/missing/loose stitching?	<input type="checkbox"/>	<input type="checkbox"/>
Check termination stitching and splices.	<input type="checkbox"/>	<input type="checkbox"/>
Are there any cuts/burns/holes?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any melting present?	<input type="checkbox"/>	<input type="checkbox"/>
Does cable show excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>





**MALTA DYNAMICS**  
FALL PROTECTION & SAFETY



## NOT SURE WHAT FALL PROTECTION GEAR YOU NEED?

We understand that your time is valuable, so our qualified team of professionals has created an easy-to-use online tool so you can skip the tough decisions and get right down to work. Use our interactive platform to create custom gear designed specifically for your crew's needs.

## TRY THE NEW 'OUTFIT YOUR CREW' ONLINE TOOL

**Quick. Simple. Safety.**

Tell us the industry you work in, answer a short series of questions about your working environment, and you're done. It's really that easy! We've already done all the thinking for you and have designed this tool to generate a complete collection of fall protection equipment that is reliable, comfortable, and compliant – just for you!

**FIELD TESTED**  
**FIELD APPROVED**

## OSHA GLOSSARY

# OSHA 1910.140

The following is a helpful list of common fall protection vocabulary words and definitions given by OSHA

**ANSI:** American National Standards Institute.

**Anchor:** a secure point of attachment for a lanyard or lifeline.

**Authorized person:** a person approved or assigned by the employer to perform a specific type of duty or duties or to be at a specific location or locations at the jobsite.

**Body Harness:** straps that attach to a worker to support and distribute fall forces over the pelvis, thighs, shoulders, waist, and chest. Also serves as the connection point for fall protection equipment to attach to the worker's body.

**Connector:** the device that connects the parts of the personal fall arrest system together.

**Competent person:** one who can identify existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

**D-ring:** a connector used:

(i) In a harness as an integral attachment element or fall arrest attachment;

(ii) In a lanyard, energy absorber, lifeline, or anchorage connector as an integral connector; or

(iii) In a positioning or travel restraint system as an attachment element.

**Deceleration device:** any mechanism that serves to dissipate energy during a fall.

**Deceleration distance:** the vertical distance a falling employee travels from the point at which the deceleration device begins to operate, excluding lifeline elongation and free fall distance, until stopping. It is measured as the distance between the location of an employee's body harness attachment point at the moment of activation (at the onset of fall arrest forces) of the deceleration device during a fall, and the location of that attachment point after the employee comes to a full stop.

**Defect:** any characteristic or condition which tends to weaken or reduce the strength of the tool, object, or structure of which it is a part.

**Designated person:** "authorized person" as defined above.

Free fall: the act of falling before the personal fall arrest system begins to apply force to arrest the fall.

Free fall distance: the vertical displacement of the fall arrest attachment point on the employee's body belt or body harness between onset of the fall and just before the system begins to apply force to arrest the fall. This distance excludes deceleration distance, lifeline, and lanyard elongation, but includes any deceleration device slide distance or self-retracting lifeline/lanyard extension before the devices operate and fall arrest forces occur.

Hazardous substance: a substance which, by reason of being explosive, flammable, poisonous, corrosive, oxidizing, irritating, or otherwise harmful, is likely to cause death or injury.

Lanyard: a flexible line of rope, wire rope, or strap that generally has a connector at each end for connecting the body belt or body harness to a deceleration device, lifeline, or anchorage.

Lifeline: a component of a personal fall protection system consisting of a flexible line for connection to an anchorage at one end so as to hang vertically (vertical lifeline), or for connection to anchorages at both ends so as to stretch horizontally (horizontal lifeline) and serves as a means for connecting other components of the system to the anchorage.

OSHA: Occupational Safety and Health Administration.

Personal fall arrest system: (PFAS) a system used to arrest an employee in a fall from a walking-working surface. It consists of a body harness, anchorage, and connector. The means of connection may include a lanyard, deceleration device, lifeline, or a

suitable combination of these.

Qualified: one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training, and experience, has successfully demonstrated his ability to solve or resolve problems relating to the subject matter, the work, or the project.

Safety factor: the ratio of the ultimate breaking strength of a member or piece of material or equipment to the actual working stress or safe load when in use.

Self-retracting lifeline/lanyard: a deceleration device containing a drum-wound line that can be slowly extracted from, or retracted onto, the drum under slight tension during normal movement by the employee. At the onset of a fall, the device automatically locks the drum and arrests the fall.

Snaphook: a connector comprised of a hook-shaped body with a normally closed gate, or similar arrangement that may be manually opened to permit the hook to receive an object. When released, the snaphook automatically closes to retain the object. Opening a snaphook requires two separate actions.

Sources:

Occupational Safety and Health Standards. 1910.140 - Personal fall protection systems. | Occupational Safety and Health Administration. (n.d.). Retrieved January 11, 2022, from <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.140>

Occupational Safety and Health Standards. 1910.140 - Personal fall protection systems. | Occupational Safety and Health Administration. (n.d.). Retrieved January 11, 2022, from <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.140>

## OSHA TRAINING REQUIREMENTS

# OSHA 1926.503

The following training provisions supplement and clarify the requirements of 1926.21 regarding the hazards addressed in subpart M of this part.

### 1926.503(a) - "Training Program."

#### 1926.503(a)(1)

The employer shall provide a training program for each employee who might be exposed to fall hazards. The program shall enable each employee to recognize the hazards of falling and shall train each employee in the procedures to be followed in order to minimize these hazards.

#### 1926.503(a)(2)

The employer shall assure that each employee has been trained, as necessary, by a competent person qualified in the following areas:

#### 1926.503(a)(2)(i)

The nature of fall hazards in the work area;

#### 1926.503(a)(2)(ii)

The correct procedures for erecting, maintaining, disassembling, and inspecting the fall protection systems to be used;

#### 1926.503(a)(2)(iii)

The use and operation of guardrail systems, personal fall arrest systems, safety net systems, warning line systems, safety

monitoring systems, controlled access zones, and other protection to be used;

#### 1926.503(a)(2)(iv)

The role of each employee in the safety monitoring system when this system is used;

#### 1926.503(a)(2)(v)

The limitations on the use of mechanical equipment during the performance of roofing work on low-sloped roofs;

#### 1926.503(a)(2)(vi)

The correct procedures for the handling and storage of equipment and materials and the erection of overhead protection; and

#### 1926.503(a)(2)(vii)

The role of employees in fall protection plans;

#### 1926.503(a)(2)(viii)

The standards contained in this subpart.

### 1926.503(b) - "Certification of training."

#### 1926.503(b)(1)

The employer shall verify compliance with

paragraph (a) of this section by preparing a written certification record. The written certification record shall contain the name or other identity of the employee trained, the date(s) of the training, and the signature of the person who conducted the training or the signature of the employer. If the employer relies on training conducted by another employer or completed prior to the effective date of this section, the certification record shall indicate the date the employer determined the prior training was adequate rather than the date of actual training.

1926.503(b)(2)

The latest training certification shall be maintained.

1926.503(c)

“Retraining.” When the employer has reason to believe that any affected employee who has already been trained does not have the understanding and skill required by paragraph (a) of this section, the employer shall retrain each such employee. Circumstances where retraining is required include, but are not limited to, situations where:

1926.503(c)(1)

Changes in the workplace render previous training obsolete; or

1926.503(c)(2)

Changes in the types of fall protection systems or equipment to be used render previous training obsolete; or

1926.503(c)(3)

Inadequacies in an affected employee’s knowledge or use of fall protection systems or equipment indicate that the employee has not retained the requisite understanding or skill.

Note: The following appendices to subpart M of this part serve as non-mandatory guidelines to assist employers in complying with the appropriate requirements of subpart M of this part.

[59 FR 40738, Aug. 9, 1994; 60 FR 5131, Jan. 26, 1995]

Source:

Occupational Safety and Health Standards. 1910.140 - Personal fall protection systems. | Occupational Safety and Health Administration. (n.d.). Retrieved January 11, 2022, from <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.140>

# SAFETY AND HEALTH REGULATIONS FOR CONSTRUCTION

## 1926 SUBPART M

1926.501(a) "General."

1926.501(a)(1)

This section sets forth requirements for employers to provide fall protection systems. All fall protection required by this section shall conform to the criteria set forth in 1926.502 of this subpart.

1926.501(a)(2)

The employer shall determine if the walking/working surfaces on which its employees are to work have the strength and structural integrity to support employees safely. Employees shall be allowed to work on those surfaces only when the surfaces have the requisite strength and structural integrity.

1926.501(b)

1926.501(b)(1)

"Unprotected sides and edges." Each employee on a walking/working surface (horizontal and vertical surface) with an unprotected side or edge which is 6 feet (1.8 m) or more above a lower level shall be protected from falling by the use of guardrail systems, safety net systems, or personal fall arrest systems.

1926.501(b)(2) "Leading edges."

1926.501(b)(2)(i)

Each employee who is constructing a

leading edge 6 feet (1.8 m) or more above lower levels shall be protected from falling by guardrail systems, safety net systems, or personal fall arrest systems. Exception: When the employer can demonstrate that it is infeasible or creates a greater hazard to use these systems, the employer shall develop and implement a fall protection plan which meets the requirements of paragraph (k) of 1926.502.

Note: There is a presumption that it is feasible and will not create a greater hazard to implement at least one of the above-listed fall protection systems. Accordingly, the employer has the burden of establishing that it is appropriate to implement a fall protection plan which complies with 1926.502(k) for a particular workplace situation, in lieu of implementing any of those systems.

1926.501(b)(2)(ii)

Each employee on a walking/working surface 6 feet (1.8 m) or more above a lower level where leading edges are under construction, but who is not engaged in the leading edge work, shall be protected from falling by a guardrail system, safety net system, or personal fall arrest system. If a guardrail system is chosen to provide the fall protection, and a controlled access zone has already been established for leading edge work, the control line may be used

in lieu of a guardrail along the edge that parallels the leading edge.

1926.501(b)(3)

“Hoist areas.” Each employee in a hoist area shall be protected from falling 6 feet (1.8 m) or more to lower levels by guardrail systems or personal fall arrest systems. If guardrail systems, [or chain, gate, or guardrail] or portions thereof, are removed to facilitate the hoisting operation (e.g., during landing of materials), and an employee must lean through the access opening or out over the edge of the access opening (to receive or guide equipment and materials, for example), that employee shall be protected from fall hazards by a personal fall arrest system.

1926.501(b)(4) “Holes.”

1926.501(b)(4)(i)

Each employee on walking/working surfaces shall be protected from falling through holes (including skylights) more than 6 feet (1.8 m) above lower levels, by personal fall arrest systems, covers, or guardrail systems erected around such holes.

1926.501(b)(4)(ii)

Each employee on a walking/working surface shall be protected from tripping in or stepping into or through holes (including skylights) by covers.

1926.501(b)(4)(iii)

Each employee on a walking/working surface shall be protected from objects falling through holes (including skylights) by covers.

1926.501(b)(5)

“Formwork and reinforcing steel.” Each employee on the face of formwork or reinforcing steel shall be protected from falling 6 feet (1.8 m) or more to lower levels by personal fall arrest systems, safety net

systems, or positioning device systems.

1926.501(b)(6)

“Ramps, runways, and other walkways.” Each employee on ramps, runways, and other walkways shall be protected from falling 6 feet (1.8 m) or more to lower levels by guardrail systems.

1926.501(b)(7) “Excavations.”

1926.501(b)(7)(i)

Each employee at the edge of an excavation 6 feet (1.8 m) or more in depth shall be protected from falling by guardrail systems, fences, or barricades when the excavations are not readily seen because of plant growth or other visual barrier;

1926.501(b)(7)(ii)

Each employee at the edge of a well, pit, shaft, and similar excavation 6 feet (1.8 m) or more in depth shall be protected from falling by guardrail systems, fences, barricades, or covers.

1926.501(b)(8) “Dangerous equipment.”

1926.501(b)(8)(i)

Each employee less than 6 feet (1.8 m) above dangerous equipment shall be protected from falling into or onto the dangerous equipment by guardrail systems or by equipment guards.

1926.501(b)(8)(ii)

Each employee 6 feet (1.8 m) or more above dangerous equipment shall be protected from fall hazards by guardrail systems, personal fall arrest systems, or safety net systems.

1926.501(b)(9) “Overhand bricklaying and related work.”

1926.501(b)(9)(i)

Except as otherwise provided in paragraph

(b) of this section, each employee performing overhand bricklaying and related work 6 feet (1.8 m) or more above lower levels, shall be protected from falling by guardrail systems, safety net systems, personal fall arrest systems, or shall work in a controlled access zone.

1926.501(b)(9)(ii)

Each employee reaching more than 10 inches (25 cm) below the level of the walking/working surface on which they are working, shall be protected from falling by a guardrail system, safety net system, or personal fall arrest system.

Note: Bricklaying operations performed on scaffolds are regulated by subpart L - Scaffolds of this part.

1926.501(b)(10)

“Roofing work on Low-slope roofs.” Except as otherwise provided in paragraph (b) of this section, each employee engaged in roofing activities on low-slope roofs, with unprotected sides and edges 6 feet (1.8 m) or more above lower levels shall be protected from falling by guardrail systems, safety net systems, personal fall arrest systems, or a combination of warning line system and guardrail system, warning line system and safety net system, or warning line system and personal fall arrest system, or warning line system and safety monitoring system. Or, on roofs 50-feet (15.25 m) or less in width (see Appendix A to subpart M of this part), the use of a safety monitoring system alone [i.e. without the warning line system] is permitted.

1926.501(b)(11)

“Steep roofs.” Each employee on a steep roof with unprotected sides and edges 6 feet (1.8 m) or more above lower levels shall be protected from falling by guardrail systems with toeboards, safety net systems, or personal fall arrest systems.

1926.501(b)(12)

“Precast concrete erection.” Each employee engaged in the erection of precast concrete members (including, but not limited to the erection of wall panels, columns, beams, and floor and roof “tees”) and related operations such as grouting of precast concrete members, who is 6 feet (1.8 m) or more above lower levels shall be protected from falling by guardrail systems, safety net systems, or personal fall arrest systems, unless another provision in paragraph (b) of this section provides for an alternative fall protection measure. Exception: When the employer can demonstrate that it is infeasible or creates a greater hazard to use these systems, the employer shall develop and implement a fall protection plan which meets the requirements of paragraph (k) of 1926.502.

Note: There is a presumption that it is feasible and will not create a greater hazard to implement at least one of the above-listed fall protection systems. Accordingly, the employer has the burden of establishing that it is appropriate to implement a fall protection plan which complies with 1926.502(k) for a particular workplace situation, in lieu of implementing any of those systems.

1926.501(b)(13)

“Residential construction.” Each employee engaged in residential construction activities 6 feet (1.8 m) or more above lower levels shall be protected by guardrail systems, safety net system, or personal fall arrest system unless another provision in paragraph (b) of this section provides for an alternative fall protection measure. Exception: When the employer can demonstrate that it is infeasible or creates a greater hazard to use these systems, the employer shall develop and implement a fall protection plan which meets the requirements of paragraph (k) of 1926.502.

Note: There is a presumption that it is feasible and will not create a greater hazard to implement at least one of the above-listed fall protection systems. Accordingly, the employer has the burden of establishing that it is appropriate to implement a fall protection plan which complies with 1926.502(k) for a particular workplace situation, in lieu of implementing any of those systems.

1926.501(b)(14)

“Wall openings.” Each employee working on, at, above, or near wall openings (including those with chutes attached) where the outside bottom edge of the wall opening is 6 feet (1.8 m) or more above lower levels and the inside bottom edge of the wall opening is less than 39 inches (1.0 m) above the walking/working surface, shall be protected from falling by the use of a guardrail system, a safety net system, or a personal fall arrest system.

1926.501(b)(15)

“Walking/working surfaces not otherwise addressed.” Except as provided in 1926.500(a)(2) or in 1926.501 (b)(1) through (b)(14), each employee on a walking/working surface 6 feet (1.8 m) or more above lower levels shall be protected from falling by a guardrail system, safety net system, or personal fall arrest system.

1926.501(c) “Protection from falling objects.” When an employee is exposed to falling objects, the employer shall have each employee wear a hard hat and shall implement one of the following measures:

1926.501(c)(1)

Erect toeboards, screens, or guardrail systems to prevent objects from falling from higher levels; or,

1926.501(c)(2)

Erect a canopy structure and keep potential fall objects far enough from the edge of the

higher level so that those objects would not go over the edge if they were accidentally displaced; or,

1926.501(c)(3)

Barricade the area to which objects could fall, prohibit employees from entering the barricaded area, and keep objects that may fall far enough away from the edge of a higher level so that those objects would not go over the edge if they were accidentally displaced.

[59 FR 40732, Aug. 9, 1994; 60 FR 5131, Jan. 26, 1995]

Source:

Safety and Health Regulations for Construction. 1926.501 - Duty to have fall protection. | Occupational Safety and Health Administration. (n.d.). Retrieved January 11, 2022, from <https://www.osha.gov/laws-regs/regulations/standardnumber/1926/1926.501>







**THANK YOU!**



210 13th Street, Malta, OH 43758 Phone: 1-123-1234-1234  
E-mail: [info@maltadynamics.com](mailto:info@maltadynamics.com)  
[www.maltadynamics.com](http://www.maltadynamics.com)