

Toolbox Talk # 11.05 – Personal Fall Arrest Equipment

A personal fall arrest system consists of three components acting together to form a fall protection triangle. The first component is an anchorage point, the second is a full body harness and the third component is a connector.

Anchorage points used for the attachment of personal fall arrest equipment shall be capable of supporting at least 5,000 pounds per employee attached, or shall be designed, installed and used as part of a complete fall arrest system with a safety factor of at least two, all and under the supervision of a qualified person. The anchorage point should always be located at a height that reduces the distance a person could fall to six feet or less without striking the level below.

Body Harness, which include a “D” ring located on the back of the harness between the shoulder blades shall, shall be used.

Connectors are the third and final component of the personal fall arrest system. Lanyards are made of different types of materials and a variety of different lengths. Lanyards should always be kept as short as possible but never longer than six feet.

- The attachment point for a lanyard to a body harness shall be located in the center of the employees back, between the shoulder blades.
- Lanyards should never be joined together to increase the lanyard’s overall length.

OSHA standards state that personal fall arrest systems must limit the maximum arresting force to 1,800 pounds when using a body harness. Therefore, employees should only use shock-absorbing lanyards, self-retracting lifelines or shorter lanyards which limit the distance a worker can fall.

Snap hooks, carabiners and other closures used in connecting fall protection components should be double-action, positive-locking type, that prevent the hazard of “roll-out”.

Personal fall arrest equipment shall be regularly inspected for wear by a competent person. If any part of the equipment is involved in a fall episode, it has served its purpose and should be destroyed unless the manufacturer determines it is safe to return to service.

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Project: _____

Date: _____

Supervisor: _____

Company: _____

Other safety issues covered or comments from crew members:

Attendees:

Name: (please print)	Signature:	Company:
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