



This is a Fall Protection Request for Information Form

Use this form to request a Quote for a Site-Specific Fall Protection Safety Plan

This form can be submitted to request a Quote for Ascendant Safety Services to provide a completed Site-Specific Fall Protection Safety Plan (SSFPSP) for the scope of work listed below. It is not all-inclusive and Ascendant Safety Services retains the right to make changes to this form (but not the information entered by the customer) at any time. Additionally, additional information may be requested by Ascendant Safety Services in order to complete the SSFPSP if this form leads to a contract between Ascendant Safety Services and the customer.

1. Admin Info

Your Company Name:

General Contractor (Prime Contractor):

Contract Number:

Task Order Number:

Your name, or the name of your Safety Admin and a good contact phone number

2. Admin Info

Which dated version of the EM-385-1-1 will be the reference for this job?

☐ 30 Nov 2014

☐ 15 March 2024

☐ N/A

Do you need Ascendant Safety Services to prepare an Activity Hazard Analysis (AHA) Form?

☐ Yes

☐ No, we'll do it ourselves

Is this Safety Plan Routine or **Expedited**? (*Expedited Plans are usually an added \$500 fee, but fees may vary. Expedited plans are moved to the top of the list, prioritizing it over all non-expedited (routine) work until it has been submitted and approved*)

☐ Routine

☐ **Expedited**

3. Job location/address

Street:

Building or House Number:

On Fort Hood?

Yes ☐

No ☐

If there is no actual street address, give a description with closest street or intersection:



This is a Fall Protection Request for Information Form

Use this form to request a Quote for a Site-Specific Fall Protection Safety Plan

4. Job Description

Job Title: (Project Reference Description)

Anticipated max height workers will be at:

Scope of Work: (If more room is needed, you can submit your own separate document)



This is a Fall Protection Request for Information Form

Use this form to request a Quote for a Site-Specific Fall Protection Safety Plan

5. Personal Protective Equipment.

Ascendant Safety Services assumes that your company requires the use of HARD HATS, STEEL/COMPOSITE TOE BOOTS, SAFETY GLASSES, GLOVES, and SAFETY VESTS at all times. If this is not the case, please indicate and provide a reason why.

☐ Yes, Hard Hats, Steel/Composite toe boots, Safety Glasses, Gloves, and Safety Vests are required 100% of the time.

☐ No, some or all items are not required. Explained below.

6. Lifts and Ladders.

Indicate the equipment(s) that will be used to elevate the worker(s) and fill in the brand/model.

☐ Scissor lift

☐ Lift Basket

☐ Scaffolding (requires additional plan)

☐ Ladders

☐ Other, listed below

7. Safety equipment used at the site.

Are any of these safety devices/or equipment being used at the site (we already have the spec sheets for these)

- ☐ NSI Highlander full body Harness
- ☐ Guardian Adjustable Lanyards
- ☐ Falltech trauma relief (straps) system
- ☐ Guardog Self Closing gate
- ☐ Tractel Ladder Defender

Please list any other Safety Equipment used and not listed above. (We may ask for spec sheets on these items if we cannot find them ourselves)

This is a Fall Protection Request for Information Form

Use this form to request a Quote for a Site-Specific Fall Protection Safety Plan



If all your looking for is a Quote, you can stop STOP here.

Submit this form by emailing it to ascendantss@ascendantss.com

Otherwise, Keep going on to the next page. If you accept our quote and hire us to create this SSPSP for you, we are going to need the rest of the form filled out anyway.

8. Who are your Primary and Alternate competent persons?

If possible, list one primary and at least two alternates along with their job titles. These will be the main points of contact at the job site. One of these will be required to be at the job site any time work is being performed.

Primary Name:

Job Title:

Alternate Name:

Job Title:

Alternate Name:

Job Title:

Alternate Name: (optional)

Job Title:

Alternate Name: (optional)

Job Title:

9. Training

Provide copies of all of the non-Expired training certificates your employees have related to Fall Protection.

Additionally, if the employees did not receive their training and certifications from "Jimmy Knox Services", then please provide the certifications of the trainer.

Training Certificates and this form can be emailed to: ascendantss@ascendantss.com

10. Additional Documents that will be Needed:

Pictures – Please send all pictures taken of the job site paying close attention to the following.

- Area where the fall protection will be used.
- Existing or planned anchor points
- Surrounding hazards such as power lines
- Ground where it is known that lifts/ladders/scaffolding will be placed
- If possible, include an overhead picture (bird's eye view)

Any Activity Hazard Reports done for this job.

Any Documents or notes taken at the PRECON meeting.

Pictures and documents can be emailed to: **ascendantss@ascendantss.com**