

To:

Instant Norge AS

E-mail:

info@instantkurs.no

Date: ____ / ____ - 20____

Confirmation of practical training in the use of fall safety equipment

Information about the course user:

The undersigned hereby confirms that _____ born _____
has completed the practical training in the use of fall safety equipment.

Information about the person signing the confirmation (competent person):

Name: _____

Company: _____

Position: _____

Phone: _____

E-mail: _____

Signature: _____

A copy of the undersigned's certificate of competence must be attached to this document when submitting.



Checklist: **fall safety**

Action	Completed?
A visual inspection before the equipment is put into use	
Ensure that the user manual is available, and familiarize yourself with it	
Check the validity period of the expert control	
Put on the fall safety harness, adjust to your body, take it off	
Choose correct equipment for the task at hand	
Identify potentially dangerous situations, implement safety measures to prevent injury in case of a fall	
Find a satisfactory anchoring point, one that can withstand large force	
Attach the equipment to an anchoring point	
Measure the total length of the fall safety equipment, to identify the length of a potential fall from the anchoring point	
Attach equipment such as support lanyards, shock absorber and self-retracting lifelines to the harness	
Check the equipment for any damage due to strain	
When using self-retracting lifelines: execute a function test, to see if the line retracts	
Check the free space below you: is it sufficient and without obstruction, in case of a fall?	
Practice emergency situations: hang in a harness, attempt to stimulate blood circulation, release a person hanging in a harness and get him safely to the ground	