

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: _____



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 | |