

FALL PROTECTION & RESCUE TRAINING - Activity Checklist

Type each student name in the lines below. Complete Lesson Plans according to the needs assessment.

Date : ____/____/____ Total Training Hours: _____

Company Name: _____

Instructor: _____

Location: _____
(City / State)

Student Name <div> <input type="checkbox"/> Type the student name into the row provided. The student card will be provided exactly as the name is entered. </div>	Lesson Plan #1 Welcome to the course	Lesson Plan #2 Introduction to Fall Protection	Lesson Plan #3 Anchorages & Anchorage Connectors	Lesson Plan #4 Connectors	Lesson Plan #5 Energy Absorbers	Lesson Plan #6 Full Body Harness	Lesson Plan #7 Energy Absorbing Lanyards	Lesson Plan #8 Positioning Lanyards	Lesson Plan #9 Overhead Self-Retracting Device	Lesson Plan #10 Leading Edge Self-Retracting Device	Lesson Plan #11 Lifeline & Rope Adjuster	Lesson Plan #12 Lifeline & Fall Arrestor	Lesson Plan #13 Ladder Safety System	Lesson Plan #14 Horizontal Lifelines	Lesson Plan #15 Pre-Climb Checklist & Climbing Techniques	Lesson Plan #16 Knots	Lesson Plan #17 Before Use Equipment Inspection	Lesson Plan #18 Descent Control	Lesson Plan #19 Evacuation <input type="checkbox"/> ADC <input type="checkbox"/> G4/Tr <input type="checkbox"/> B&T Pulley	Lesson Plan #20 Assisted Rescue <input type="checkbox"/> ADC <input type="checkbox"/> G4/Tr <input type="checkbox"/> B&T Pulley	Lesson Plan #21 Suspended Rescue <input type="checkbox"/> ADC <input type="checkbox"/> G4/Tr <input type="checkbox"/> B&T Pulley	Lesson Plan #22 Written Exam	Satisfactory / Unsatisfactory Completion	Student Signature: By signing, you are attesting that the instructor completed the course and you participated in the indicated exercises.

I declare that the *Roster* and *Activity Checklist* is a true and accurate representation of the course that I conducted. All lesson plans and activities were conducted in accordance with training guidelines set by Gravitec Systems Inc. Train the Trainer Program. I understand that Gravitec is not certifying the students listed above; I am certifying that the students attended the training and met the certification requirements set by my employer.

Instructor Signature _____

Date _____

Phone _____

Email _____

(send completed document to checklist@gravitec.com)

Important! Have each student sign that attended the training and participated in the applicable exercises. Incomplete forms will result in delayed processing times.