PROJECT DISCOVERY REPORT

Date:	_Project #	Technician
Customer:		
Project Address:		
Contact Information:		
Contact Address (if different of	of project address):	
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	General Items	Remarks Or Notes:
1.	New Building or Existing Building?	
2.	Do you have a set of drawings? (Architectural and	
	Structural)	
3.	Do you have specifications for the Fall Protection	
	System?	
4.	Engineer site visit (ESV) required?	
5.	System Type:	
	GuardRail	
	Horizontal Lifeline	
	Vertical Lifelines	
	Overhead Cable Systems	
	Single Point Anchors	
	Rigid Rail/other	
	Tieback Anchors (window washing)	
	Platforms	
	Warning Lines	
	Skylights	
6.	How many users per system? (No applicable to	
	Guardrail or warning lines)	

7.	How will the users access the systems?	
	Exterior ladders	
	Interior Ladders	
	□ Hatch	
	Temporary Ladders	
	□ Other:	
8.	Elevation of every system (if multiple elevations	
	please explain each scenario)	
9.	Elevation of the structural steel where the systems	
	will be attached (see attached elevation worksheet)	
10		
10.	Any obstructions that someone using the system may hit if they fall?	
11.	For Rooftop:	
	Deck Type:	
	Metal Deck	
	Concrete Deck	
	 Precast 	
	 Cast-in-Place 	
	Wood Deck	
	Roof Type	
	Membrane Roof	
	Standing Seam Metal Roof Panel	
	R- Panel Roof	
	Roof Slope	
	□ 1/12	
	□ 2/12	
	□ 3/12	
	□ 4/12	
	Other	

12.	For GuardRail
	□ 2
	Finish
	Galvanized
	Powder Coated
	Safety Yellow
	□ Other
13.	For Tieback Anchors
	How many stories the building have
	Window Washing
	Building Maintenance
	 Bosun Chair (1 user per drop)
	Platform (up to 2 users per platform)
14.	For Skylights:
	 Dimensions (length, width and height)
	o L: <u> </u>
	□ Single
	Double
	Smoke Hatch (Single or Double)

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