

PROJECT DISCOVERY REPORT

Date: _____ Project # _____ Technician _____

Customer: _____

Project Address: _____

Contact Information: _____

Contact Address (if different of project address): _____

	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: <ul style="list-style-type: none"> <input type="checkbox"/> GuardRail <input type="checkbox"/> Horizontal Lifeline <input type="checkbox"/> Vertical Lifelines <input type="checkbox"/> Overhead Cable Systems <input type="checkbox"/> Single Point Anchors <input type="checkbox"/> Rigid Rail/other <input type="checkbox"/> Tieback Anchors (window washing) <input type="checkbox"/> Platforms <input type="checkbox"/> Warning Lines <input type="checkbox"/> Skylights 	
6.	How many users per system? (No applicable to Guardrail or warning lines)	

7.	<p>How will the users access the systems?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exterior ladders <input type="checkbox"/> Interior Ladders <input type="checkbox"/> Hatch <input type="checkbox"/> Temporary Ladders <input type="checkbox"/> Other: _____. 	
8.	<p>Elevation of every system (if multiple elevations please explain each scenario)</p>	
9.	<p>Elevation of the structural steel where the systems will be attached (see attached elevation worksheet)</p>	
10.	<p>Any obstructions that someone using the system may hit if they fall?</p>	
11.	<p>For Rooftop:</p> <p>Deck Type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Metal Deck <input type="checkbox"/> Concrete Deck <ul style="list-style-type: none"> <input type="radio"/> Precast <input type="radio"/> Cast-in-Place <input type="checkbox"/> Wood Deck <p>Roof Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Membrane Roof <input type="checkbox"/> Standing Seam Metal Roof Panel <input type="checkbox"/> R- Panel Roof <p>Roof Slope</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1/12 <input type="checkbox"/> 2/12 <input type="checkbox"/> 3/12 <input type="checkbox"/> 4/12 <input type="checkbox"/> Other _____. 	

<p>12.</p>	<p>For GuardRail</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <p>Finish</p> <ul style="list-style-type: none"> <input type="checkbox"/> Galvanized <input type="checkbox"/> Powder Coated <ul style="list-style-type: none"> <input type="checkbox"/> Safety Yellow <input type="checkbox"/> Other _____. 	
<p>13.</p>	<p>For Tieback Anchors</p> <ul style="list-style-type: none"> <input type="checkbox"/> How many stories the building have <input type="checkbox"/> Window Washing <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Bosun Chair (1 user per drop) <input type="checkbox"/> Platform (up to 2 users per platform) 	
<p>14.</p>	<p>For Skylights:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dimensions (length, width and height) <ul style="list-style-type: none"> ○ L: _____ W: _____ H: _____. <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Smoke Hatch (Single or Double) 	





