Fall Protection Work Plan

Instructions

A written fall protection work plan is required whenever it is determined that conventional fall protection equipment (i.e. guardrails, safety nets, personal fall arrest systems, or safety monitors) cannot be used. Written fall protection plans must also be used to verify work practices and rescue procedures that are required for each specific worksite where fall protection equipment and procedures will be used and to document that personnel authorized to work in these areas have been adequately informed and trained.

Step #1. Fill out the specific job information.

Department/Division: _____

Authorized job tasks: _____

Authorized duration of plan: _____

Evaluator(s): _____

I. FALL HAZARDS IN THE WORK AREA

Roof edge _____ Perimeter edge _____

Hole(s)_____ Suspension system _____

Positioning system_____ Scaffold over 10 ft. _____

Exterior scaffolding _____ Work Platform _____

Boom lift _____ Scissor lift_____

Leading edge _____ Stairwell _____

Other fall hazards in the work area _____

II. METHOD OF FALL ARREST OR FALL RESTRAINT

Fall Protection Equipment:

Full Body Harness _____ Body Belt _____

Lanyard _____ Dropline _____

Lifeline	Restraint line
Horizontal lifeline	Rope grab
Deceleration device	Shock absorbing lanyard
Locking snap hooks	Safety nets
Safety monitor	Guardrails
Catch platform	Scaffolding platform

III. ASSEMBLY, MAINTENANCE, INSPECTION, DISASSEMBLY PROCEDURES

Assembly and disassembly of all equipment will be done according to manufacturers' recommended procedures.

Specific types of equipment on the job are: _____

Additional information on this equipment may be found: _____

A visual inspection of all safety equipment will be done daily or before each use. Any defective equipment will be tagged and removed from use immediately. The manufacturers' recommendations for maintenance and inspection will be followed.

IV. HANDLING, STORAGE AND SECURING OF TOOLS AND MATERIALS

Toe boards will be installed on all scaffolding and work platforms and all openings or holes will be covered as needed to prevent tools and equipment from falling.

Specific/Additional handling, storage and securing procedures that must be followed include:

_____

_____

_____

V. OVERHEAD PROTECTION

Hard hats are required on all job sites for all personnel who may be exposed to overhead hazards. Warning signs will be posted to caution of existing hazards whenever they are present. Debris nets will be used if conditions warrant additional protection.

Specific/Additional overhead protection will include: _____

_____

_____

VI. RESCUE PROCEDURES – INJURED WORKER REMOVAL

Normal first aid procedures should be performed by certified individuals as the situation requires.

Initiate Emergency Medical System (EMS) – Dial 9-911

Phone location: _____

First-aid kit / AED location: _____
(Circle/specify those that apply)

Elevator location: _____

Crane/Bucket Truck/Lift Platform/Other location: _____
(Circle/specify those that apply)

_____

_____

Rescue considerations. When personal fall arrest systems are used, the job site supervisor or designated competent person must assure that employees can be promptly rescued or can rescue themselves should a fall occur. The availability of rescue personnel, ladders, or other rescue equipment should be verified before work begins. In some situations, equipment which allows employees to rescue themselves after the fall has been arrested may be desirable, such as devices which have descent capability.

VII. TRAINING & INSTRUCTION PROGRAM

All employees authorized to apply the procedures and use the equipment specified in this fall protection plan will be given the opportunity to review this plan and given instructions on the proper use of the specific fall protection devices they will be using by a competent person. Each employee who will be permitted to work under this plan must sign below to verify they have been provided this opportunity and instruction.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Job Site Supervisor or Designated Competent Person:

_____

Date: _____

* A COPY OF THIS WORK PLAN SHOULD BE AVAILABLE ON THE JOB SITE WHILE WORK IS BEING PERFORMED