

Sample Fall Protection Work Plan

Company Name: _____

Jobsite name & Address: _____

Job Task: _____

Supervisors/Mangers etc.: Workers must review & sign this fall protection work plan prior to starting work in an area where a hazard of falling exists. Workers must understand this plan & be trained in fall protection & the systems & equipment that will be used. This plan must be posted at the worksite for the duration of the work activities. This plan must be used in conjunction with a comprehensive & effective fall protection program. (add additional pages as necessary)

Effective Period for Plan

From			To		
Day	Month	Year	Day	Month	Year

Job Location/ Description

1. Identify Potential Fall Hazards

<input type="checkbox"/>	Elevated Work Platforms	<input type="checkbox"/>	Scaffold Erection/ Dismantling
<input type="checkbox"/>	Excavations	<input type="checkbox"/>	Stairways
<input type="checkbox"/>	Floor Openings/ Skylights	<input type="checkbox"/>	Swing Fall
<input type="checkbox"/>	Skeletal Framing	<input type="checkbox"/>	Wall Opening
<input type="checkbox"/>	Hazardous Process/ Equipment	<input type="checkbox"/>	Reinforcing Steel Installation
<input type="checkbox"/>	Ladders (fixed or portable)	<input type="checkbox"/>	Other (Identify)

2. Describe the Hazard(s). (include specific dimensions, locations, levels, etc.)

3. Identify Fall Protection Systems to be used:

<input type="checkbox"/>	Guard Rails	<input type="checkbox"/>	Fall Arrest
<input type="checkbox"/>	Fall Restraint	<input type="checkbox"/>	Control Zone with Monitor
<input type="checkbox"/>	Procedures	<input type="checkbox"/>	Safety Net
<input type="checkbox"/>	Work Platform	<input type="checkbox"/>	Catch Platform
<input type="checkbox"/>	Self Propelled Elevated Work Platform	<input type="checkbox"/>	Other (Identify) _____
<input type="checkbox"/>	Scaffold	<input type="checkbox"/>	Other (Identify) _____

4. Describe the Procedures for Handling, Storing & Securing Tools & Materials

5. Identify the Method of Protection for Workers who may be in or pass through the area below the Overhead Work Activity

<input type="checkbox"/>	Barricading	<input type="checkbox"/>	Toe Boards/ Screens on Scaffolds
<input type="checkbox"/>	Hard Hats Required	<input type="checkbox"/>	Toe Boards/ Covers on Floor Openings
<input type="checkbox"/>	Catch Net	<input type="checkbox"/>	Other (<i>Identify</i>) _____
<input type="checkbox"/>	Warning Signs	<input type="checkbox"/>	Other (<i>Identify</i>) _____

6. Identify the method for Prompt, Safe Removal of Injured Workers

<input type="checkbox"/>	Written Agreement with: <i>(ex. Identify Fire Department & attach agreement)</i>	<input type="checkbox"/>	Self-rescue (<i>Training Documentation</i>)
<input type="checkbox"/>	Site First Aid	<input type="checkbox"/>	Other Employees of Employer (<i>Training Documentation</i>)
<input type="checkbox"/>	Elevator/ Stairs	<input type="checkbox"/>	Other (<i>Identify</i>)

7. Identify the Method used to Determine the Adequacy of Anchorage Points

<input type="checkbox"/>	Evaluation by Professional Engineer	<input type="checkbox"/>	Existing Engineering/ Design Documents
<input type="checkbox"/>	Manufacturers Data	<input type="checkbox"/>	Other (<i>Identify</i>)

8. Describe & Identify Locations of Anchorage Points

9. Name of project site & health representative:

10. Name of Safety Monitor. (*if control zone used*):

11. Name of Person(s) trained to work under this plan:

12. Select System Components:

<input type="checkbox"/>	Full Body Harness	<input type="checkbox"/>	Choker
<input type="checkbox"/>	Vertical Lifeline	<input type="checkbox"/>	Carabineer
<input type="checkbox"/>	Horizontal Lifeline	<input type="checkbox"/>	Rope Grab
<input type="checkbox"/>	Lanyard	<input type="checkbox"/>	Personal Shock Absorber
<input type="checkbox"/>	Boatswains Chair	<input type="checkbox"/>	Beamer
<input type="checkbox"/>	Connecting Devices (identify)	<input type="checkbox"/>	Anchorage Points (identify)

13. Identify Max. Free fall distance:

14. Identify Total Fall Distance:

15. Describe the Procedures for the Assembly, Maintenance, Inspection & Disassembly of the Fall Protection System to be used:**Inspection Checklist:**

<input type="checkbox"/>	Identification Tags
<input type="checkbox"/>	Horizontal Lifeline Tension is Correct
<input type="checkbox"/>	Integrity of stitching in Shock Absorber
<input type="checkbox"/>	Integrity of stitching in Harness/ Lanyard
<input type="checkbox"/>	Manufacturers assembly/ disassembly instructions
<input type="checkbox"/>	Locking capability of retractable lanyards assured
<input type="checkbox"/>	Locking capability of carabiners assured
<input type="checkbox"/>	Locking capability of snap hooks assured
<input type="checkbox"/>	Knots & other connection methods do not weaken lifeline
<input type="checkbox"/>	Lifelines installed & used under supervision of Competent Person & protected from cuts or abrasions
<input type="checkbox"/>	Rope (wear, fraying, damage, mildew)
<input type="checkbox"/>	Lanyards (wear, fraying, damage, mildew)
<input type="checkbox"/>	Dee-rings have adequate strength, are not cracked or deformed
<input type="checkbox"/>	Guardrails are sound and of adequate strength
<input type="checkbox"/>	Devices that are used to connect to horizontal lifelines lock in both directions
<input type="checkbox"/>	Anchorage points provide adequate strength and are capable of meeting regulated strength req.
<input type="checkbox"/>	Safety Monitor is Competent, can see workers, is close enough to communicate, has no other duties
<input type="checkbox"/>	Hole covers are secured, marked & capable of withstanding anticipated weight loads
<input type="checkbox"/>	Other (Identify)
<input type="checkbox"/>	Other (Identify)