Fall Protection Work Plan

PROCEDURE: Provide written documentation as indicated below.
Inspect equipment prior to use.
Train all employees as required. Inform contractors.
Keep plan on-site during work duration.

Specific Work Area: ____________________________
Work Description: ____________________________
Work order Number: __________________________
Department: __________________________________
Prepared by: ____________________________
Date Prepared: __________________ if single use or see attached
Duration of Work: ____________ to ______________
Reviewed by: ____________________________
Date reviewed: ____________________________

Identify Fall Hazards

___________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________

Fall Restraint: Guardrails,
Safety belts or harness attached to rigged restraint lines,
Warning line system for a low pitch (4 in 12 or less) roof -
Barrier and safety monitor near edge. Prohibited on steep roofs.

Fall Arrest: Full body harness (Class III), horizontal/vertical lines, lanyards
Safety nets
Catch platform installed within 10 vertical ft. of the work area

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Monitor Name: __________________  Training in Monitoring: ______________________

Describe The Correct Procedures For Assembly And Disassembly Of The Fall Protection System:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Describe The Correct Procedures For Maintenance Of The Fall Protection System:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Describe The Correct Procedures For Inspection Of The Fall Protection System:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Describe The Correct Procedures For Handling, Storing, And Securing Tools And Materials:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Describe The Method Of Providing Overhead Protection For Persons Who May Be In Or Pass Through The Work Area:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Emergency Response/Injured Person Removal and Assistance:

- Call 911 from an accessible telephone.
- If you need police assistance, but not an aid car (ambulance) call 3911.
- Notify Public Safety at 3911 after you call 911.
- If a telephone is not easily accessible, radio the Work Control Center. Ask the base operator to call 911 and dispatch an emergency vehicle to the area requiring response. Ask base to notify Public Safety at 3911.
- Stay at the site until emergency assistance arrives. Provide first aid as possible and necessary.
- Do not attempt to move or remove an injured worker unless it can be done safely.
- After any job-related accident, file an accident report available from your supervisor or Environmental Health and Safety, Safety Building 111, 650-3064.

Describe Specific Emergency Response Procedures (Optional)

____________________________________________________________________
____________________________________________________________________

16-2
Fall Protection Work Plan Attachment

PROCEDURE:
Document each date the fall protection plan is used.
Review the plan and ensure it is correct.
Inspect equipment prior to use and check box
Inform contractors if required and check box or indicate Not Applicable (NA)
Train all employees as required before plan is used and list names.

Keep plan on-site during work duration and check appropriate boxes
Print the name of the supervisor reviewing this plan and initial that the plan is implemented correctly.

Reference the fall protection work plan for:

Specific Work Area: ______________________________
Work Description: ______________________________
Date: ______________________________
Plan Reviewed by (print name): ______________________________

Check the following items:

   Equipment Inspected
   Contractor(s) Informed
   Fall Protection Plan on-site

Employees who will be working under the fall protection plan:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of person (supervisor) preparing attachment (print): ______________________________

Initials of above person: __________