

### 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:

\_\_\_\_\_  
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**Describe The Correct Procedures For Inspection Of The Fall Protection System:**

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

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

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**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)**

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## 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: \_\_\_\_\_