

FALL PROTECTION WORK PLAN

Company Name: _____

Jobsite Name & Address: _____

Job Task: _____

Supervisors Ensure: Workers must review and sign this fall protection work plan prior to starting work in an area where a hazard of falling exists. Workers must understand this plan and be trained in fall protection and the systems and 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 and effective Fall Protection Program. Add additional pages as necessary.

Effective period for plan:
(dd/mm/yy) _____ (From) ⇨ (dd/mm/yy) _____ (To)

Job Location/Description:

1. Identify Potential Fall Hazards

- | | |
|---|---|
| <input type="checkbox"/> Elevating work platforms (boom operated) | <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 processes/ equipment | <input type="checkbox"/> Reinforcing steel installation |
| <input type="checkbox"/> Ladders (fixed or portable) | <input type="checkbox"/> Other (Identify) |

2. Describe the hazard(s) including 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) |



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4. Describe the procedures for handling, storing and securing tools and materials

5. Identify the method of providing 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 (identify)
<input type="checkbox"/> Warning signs	<input type="checkbox"/> Other (identify)

6. Identify the method for prompt, safe removal of injured workers

<input type="checkbox"/> Written agreement with: (Identify Fire Department and attach agreement)	<input type="checkbox"/> Self-rescue (Training Documentation)
<input type="checkbox"/> Other employees of employer (Training Documentation)	<input type="checkbox"/> Site First Aid
<input type="checkbox"/> Elevators/ stairs	<input type="checkbox"/> Other (Identify)

7. Identify the method used to determine the adequacy of anchorage points

<input type="checkbox"/> Evaluation by a professional engineer	<input type="checkbox"/> Existing engineering/ design documents
<input type="checkbox"/> Manufacturers data	<input type="checkbox"/> Other (identify)

8. Describe and identify locations of anchorage points

9. Name of project site safety and health representative: _____

10. Name of Safety Monitor if control zone used: _____

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



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12. Select System Components

- | | |
|--|--|
| <input type="checkbox"/> Full body harness | <input type="checkbox"/> Choker |
| <input type="checkbox"/> Vertical lifeline | <input type="checkbox"/> Carabiner |
| <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 maximum free fall distance: _____

14. Identify total fall distance: _____

15. Describe the procedures for the assembly, maintenance, inspection and disassembly of the fall protection system to be used

16. Inspection checklist

- Identification tags
- Horizontal lifeline tension is correct
- Integrity of stitching in shock absorber
- Integrity of stitching in harness/ belt/ lanyard
- Manufacturer's assembly/ disassembly instructions
- Locking capability of retractable lanyards assured
- Locking capability of carabiners assured
- Locking capability of snap hooks assured
- Knots and other connection methods do not weaken lifeline
- Lifelines installed and used under supervision of competent person and protected from cuts or abrasions
- Rope (wear, fraying, damage, mildew)
- Lanyard (wear, fraying, damage, mildew)
- Dee-rings have adequate strength, are not cracked or deformed
- Guardrails are sound and of adequate strength
- Devices are used to connect to horizontal lifelines lock in both directions
- Anchorage points provide adequate strength and are capable of meeting regulated strength requirements
- Safety monitor is competent, can see all workers, is close enough to communicate, has no other duties
- Warning lines are adequately marked and are at appropriate distance from fall hazard
- Hole covers are secured, marked and capable of withstanding anticipated weight loads
- Other (identify)
- Other (identify)

