FALL PROTECTION PROGRAM

FALL PROTECTION PLAN

COMPETENT PERSON
PROGRAM ADMINISTRATOR

IMPORTANT: This document is intended to provide guidance only for developing site-specific working at heights fall protection plans.
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IMPORTANT: This document is intended to provide guidance only for developing site-specific working at heights fall protection plans. It must be specific for each work site.

THIS WORK PLAN WILL BE AVAILABLE ON THE JOB SITE FOR INSPECTION. All employees that will be working on this job site will be aware of the fall hazards and will understand the means of mitigation that will be utilized as contained in this fall protection plan.

1. Fill Out the Specific Job Information

Company Name: ________________________________

Job Name: ________________________________

Date: ________________________________

Job Address: ________________________________

City: ________________________________

Job Foreman: ________________________________

Jobsite Phone: ________________________________

2. Fall Hazards in the Work Area

Include locations and dimensions for hazards.

Elevator shaft: ________________________________

Stairwell: ________________________________

Leading edge: ________________________________

Window opening: ________________________________

Outside static line: ________________________________

Roof eave height: ________________________________

Perimeter edge: ________________________________

Roof perimeter dimensions: ________________________________

Other fall hazards in the work area:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
### 3. Method of Fall Arrest or Fall Restraint

(For fall protection equipment, include details such as, manufacturer etc.)

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full body harness:</td>
<td></td>
</tr>
<tr>
<td>Body belt (Restraint only):</td>
<td></td>
</tr>
<tr>
<td>Positioning Lanyard:</td>
<td></td>
</tr>
<tr>
<td>Self-Retracting Lifeline:</td>
<td></td>
</tr>
<tr>
<td>Lifeline:</td>
<td></td>
</tr>
<tr>
<td>Restraint line:</td>
<td></td>
</tr>
<tr>
<td>Horizontal lifeline:</td>
<td></td>
</tr>
<tr>
<td>Rope grab:</td>
<td></td>
</tr>
<tr>
<td>Deceleration device:</td>
<td></td>
</tr>
<tr>
<td>Shock absorbing lanyard:</td>
<td></td>
</tr>
<tr>
<td>Locking snap hooks:</td>
<td></td>
</tr>
<tr>
<td>Safety nets:</td>
<td></td>
</tr>
<tr>
<td>Guard rails:</td>
<td></td>
</tr>
<tr>
<td>Anchorage points:</td>
<td></td>
</tr>
<tr>
<td>Warning Lines:</td>
<td></td>
</tr>
<tr>
<td>Scaffolding platform:</td>
<td></td>
</tr>
<tr>
<td>Safety monitor:</td>
<td></td>
</tr>
<tr>
<td>Name of monitor, if used:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
4. Assembly, Maintenance, Inspection, Disassembly Procedures
Assembly and disassembly of all equipment will be done according to manufacturers’ recommended procedures. (Include copies of manufacturer’s data for each specific type of equipment used.) Designate who will be responsible for each task and what level of training they have.

Specific types of equipment on the job are:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

A visual inspection of all safety equipment will be done daily or before each use, as stated in the Employee Training Packet. Any defective equipment will be tagged and removed from use immediately. The manufacturer’s recommendations for maintenance and inspection will be followed.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

5. Handling, Storage & Securing of Tools and Material
Toe boards will be installed on all scaffolding to prevent tools and equipment from falling from scaffolding.

Other specific handling, storage and securing is as follows:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
6. Overhead Protection

Hard hats are required on all job sites with the exception of those that have no exposure to overhead hazards. Warning signs will be posted to caution of existing hazards whenever they are present. In some cases, debris nets may be used if a condition warrants additional protection.

Additional overhead protection will include:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Toe boards (at least 4 inches in height) will be installed along the edge of scaffolding and walking surfaces for a distance sufficient to protect employees below. Where tools, equipment or materials are piled higher than the top of the toe board, paneling or screening will be erected to protect employees below.

7. Injured Worker Removal

Normal first aid procedures should be performed as the situation arises. If the area is safe for entry, the first aid should be done by a foreman or other certified individual.

Initiate Emergency Services – Dial 911 (where available)

Phone location: _______________________________________________________
First aid location: _____________________________________________________
Elevator location: _____________________________________________________
Crane location: _______________________________________________________
Other: ___________________ Location: _________________________________

Rescue considerations. When personal fall arrest systems are used, the employer 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 evaluated. In some situations, equipment that allows employees to rescue themselves after the fall has been arrested may be desirable, such as devices that have descent capability.
Describe methods to be used for the removal of the injured worker(s):

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

8. Training and Instruction Program

All new employees will be given instructions on the proper use of fall protection devices before they begin work. They will sign a form stating they have been given this information. This form becomes part of the employee’s personnel file.

The written fall protection plan will be reviewed before work begins on the job site. Those employees attending will sign below. The fall protection equipment use will be reviewed regularly at the weekly safety meetings.

Date: _________________________

_________________________________  _______________________________________

_________________________________  _______________________________________

_________________________________  _______________________________________

_________________________________  _______________________________________

_________________________________  _______________________________________

_________________________________  _______________________________________

_________________________________  _______________________________________

_________________________________  _______________________________________

_________________________________  _______________________________________

_________________________________  _______________________________________

Foreman or Job Superintendent: ___________________________________________

Prior to permitting employees into areas where fall hazards exist, all employees must be trained regarding fall protection plan requirements. Inspection of fall protection devices/systems must be made to ensure compliance with OSHA and (Company Name) internal regulations.