FALL PROTECTION WORK PLAN

☐ **Contractor Name**:	**Plant Location**:
☐ **Sub-Tier Contractor Name**:	**Date**:

Note!!! **Employees review the requirements of this fall protection work plan prior to starting work. This plan is available at the jobsite during work activities. Also, employees are trained and instructed in accordance with practice ASP.653.2001, Fall Protection or Plant Specific Practice ASP.653.03xx.**

1. Location Description (e.g., building, area, etc.):

2. Description of building / structure / area to be accessed and worked on:

3. Dates of fall protection use:

4. Ambulance Stop #:	**5. Emergency communication method:**

6. Identify potential fall hazards 6 feet or more in work area (check all that apply).

☐ **Roof Structure Assessment**	☐ **Steel erection**
☐ **Slippery when wet**	☐ **Work will be 6 feet or less from roof edge**
☐ **Stairways**	☐ **Leading edge**
☐ **Ladders**	☐ **Removed equipment will leave a hole in roof**
☐ **Skylights**	☐ **Work involves removing roof mounted equipment**
☐ **Work involves cutting hole in roof**	☐ **Open holes**
☐ **Covered holes**	☐ **Cable trays**
☐ **Roof is flat or less than a 4 in 12 slope**	☐ **Slope is greater than 4 in 12**
☐ **Scaffold erection / dismantling**	☐ **Other Hazards (describe below):**

Description of potential fall hazard:

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7. Method of fall protection to be provided:

- ☐ **Guardrails**
- ☐ **Safety Netting**
- ☐ **Fall Arrest Equipment**
- ☐ **Temporary anchor points (attach calculations if not standard approved structural sections)**
- ☐ **Fall Restraint**
- ☐ **Warning Line**
- ☐ **Safety Monitor**
- ☐ **Horizontal lifelines (if yes, attach calculations by a qualified person.**

☐ **Other (describe):**

8. Describe all phases and the sequence of job steps and any fall hazard associated with that phase or step, including assembly, maintenance, inspection, and disassembly of the fall protection system to be used.

9. Sketch the project area utilizing fall protection: (for example; roof outline showing building number, north direction, safe areas, dangerous "no access zones", skylights, openings, access areas, material landing areas, warning lines, etc.)

10. Describe the method used to determine the adequacy of attachment points:

- ☐ **Manufacturer's data**
- ☐ **Evaluation by qualified engineer**
- ☐ **Existing engineering / design documents**
- ☐ **Good faith assessment**
- ☐ **Others (describe):**

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11. Describe in detail, the measures to be used to handle, storage and security of tools and materials.

12. Method of providing overhead protection for workers who may be in, or pass through, the area below the worksite:

- ☐ **Barricading**
- ☐ **Hard hats required**
- ☐ **Netting**
- ☐ **Toeboards on roof openings**
- ☐ **Warning signs**
- ☐ **Other methods (describe)**

Describe in detail the methods of providing overhead protection:

13. Describe the method for prompt, safe removal of injured workers:

- ☐ **Initiate emergency response ( )**
- ☐ **Use drop lines or retraction devices**
- ☐ **Use ladders**
- ☐ **Utilize lift truck or personnel platform**
- ☐ **Utilize scaffolds**
- ☐ **Other (describe):**

14. Roof Work: how will access to the roof be accomplished?

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15. Identify the safety monitor(s) (if used – or N/A)

16. Justify selecting controlled access zone and/or safety monitor (if used – or N/A):

17. If normal fall control measures do not fit this work (i.e. leading edge work, precast concrete work, etc.) describe the fall plan to address these issues below. Attach additional sheets if required.

Review

Fall Protection Plan Completed By: _____

Contractor Supervisor	**Date**
SPA	**Date**
Project Engineer	**Date**

PREJOB SAFETY PLANNING SIGNOFF

☐ Job Specific JSA review ☐ Task Specific JSA review

I have read the attached JSA (and attachments) and understand the hazards and controls associated with this job.

☐ Prejob meeting – general ☐ Energized Electrical Work Permit ☐ Fall Protection Work Plan

☐ Hoisting & rigging prelift ☐ Confined space pre-entry meeting ☐ Asbestos/Lead work plan

☐ Lock/Tag/Try

☐ Other (specify): _ _____

Project Number ___ _____ Project Location _ _____

Date	ID No. (optional)	Name (Print)	Signature

Person Conducting Briefing _____ _____ _____

Print Name Signature

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Page 5: [1] Deleted **Sherrie Miller** **3/19/2003 2:27:00 PM**