



FALL PROTECTION WORK PLAN

Company Name _____
Project/Work site _____

Date _____

(If additional space is needed, use the back of this sheet)

Identify all fall hazards 10' or more above the ground or lower level (check all that apply)

- ___ open-sided walking/working surfaces (i.e. roofs, open-sided floors)
___ open-sided ramps, runways, platforms
___ floor openings
___ wall openings
___ skylight openings
___ trenches
___ surfaces that do not meet the definition of a walking/working surface (i.e. top plate)

**Walking/working surface = any area whose dimensions are 45 inches or greater in all directions, through which workers pass or conduct work.

Methods of fall protection to be used: LSO = Low Slopes Only (low slopes = 4 x 12 or less)

- ___ Guardrail system
___ Warning line (LSO)
___ Warning line w/safety monitor (LSO)
___ Catch platform
___ Safety net
___ Personal fall arrest system
___ Personal fall restraint system
___ Positioning device system
___ Covers (floor holes & openings)
___ Horizontal life lines
___ Vertical life line and rope grab
___ Appropriate anchors for system used

Other methods of fall protection selected:

- ___ Boom lift
___ Scissor lift
___ Scaffold w/guardrail
___ Other: _____

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

Describe procedures for handling, storage, and securing tools, equipment, and materials.

Describe methods of overhead protection for workers who may be in, or pass through work area.

Describe methods to be implemented for prompt, safe removal of injured worker(s).

Employees who received fall protection training on the above site-specific fall protection work plan.

Table with 2 columns: Name (print), Date. Includes multiple rows for employee information.

Name & title of person who provided training: _____