FALL PROTECTION WORK PLAN

Company Name _____   Date _____

Project/Work site _____

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

Other methods of fall protection selected:
__ Boom lift   __ Scaffold w/guardrail
__ Scissor lift   __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.

Name (print)	**Date**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name & title of person who provided training: _____