

# Fall Protection Work Plan

[WAC 296-880](#): You must develop and implement a written fall protection work plan including each area of the work place where the employees are assigned and where fall hazards of 10 feet or more exist and be available on the job site for inspection by the department.

Company Name	Project	Date
Site Address	Superintendent	

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

Identify all fall hazards 10 feet or more above the ground level or lower level. Check all that apply.

Open-sided floors	Wall openings	Roof
Decks/Balconies	Window openings	Leading edge work
Hole	Door openings	Mobile lift work
Skylight		

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

Guardrail system (LSO)	Personal fall arrest system	Safety watch system (LSO)
Warning line System (LSO)	Personal fall restraint system	Warning line w/ safety monitor (LSO)
Catch platform	Positioning device system	
Safety net	Horizontal life lines	Name of safety watch or monitor (if used):
Covers	Vertical life lines & rope grab	_____

Overhead Hazard Protection Methods

Hard Hats	Toe boards on Guardrails	Other:
Overhead Hazard Signs	Screens on Guardrails	Other:
Debris Nets	Barricade to control Access to Area	

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.

[illegible]

**The competent person's signature verifies that the fall protection work plan has been done, the employees informed of the plan and that employees have received training in the fall protection systems in use:**

Name:	Title	Date
-------	-------	------