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Fall Protection Work Plan

Employees must review the requirements of this fall protection work plan prior to starting work.

Job Name: _____ Date: _____

Job Location Description: _____

Task(s) to Be Completed: _____

Competent Person: _____

Hazards

Identify ***all*** hazards 4' or greater on a walking working surface and 6' or greater in all other cases

- ☐ Leading Edge
- ☐ Wall Openings
- ☐ Stairways
- ☐ Perimeter Edge
- ☐ Floor Openings
- ☐ Ladders
- ☐ Scaffold over 10 Feet
- ☐ Elevator Openings
- ☐ Roof
- ☐ Boom Lift / Scissor Lift
- ☐ Other (Specify): _____

Fall Protection Equipment

Method of fall protection to be provided

- ☐ Full Body Harness
- ☐ Drop Line
- ☐ Restraint / Warning Line
- ☐ Shock Absorbing Lanyard
- ☐ Rope Grab
- ☐ Safety Monitor
- ☐ Retractable Lifeline
- ☐ Lifeline
- ☐ Boom Lift / Scissor Lift
- ☐ Horizontal Lifeline
- ☐ Safety Nets
- ☐ Scaffold
- ☐ Standard Guardrail
- ☐ Other (Specify): _____

Describe: _____

Procedure for Assembly, Maintenance, Inspection & Disassembly of Personal Fall Restraint / Arrest Equipment.

Assembly & Disassembly of all equipment will be done in accordance with the manufacturer's recommended procedures.

A visual inspection of all Personal Fall Restraint / Arrest equipment will be performed daily or before each use. Any defective equipment will be tagged and removed from use immediately. The manufacturer's recommendations for maintenance and inspection will be followed.

Assembly / Disassembly Procedures – Conducted By: _____

Describe: _____

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Maintenance of equipment or systems used – Conducted By: _____

Describe: _____

_____

_____

Inspection of equipment or systems used: _____

Person(s) assigned: _____

Date(s) of inspection: _____

Describe: _____

_____

_____

_____

Handling, Storage and Securing of Tools and Materials

Describe: _____

_____

_____

Method(s) of Overhead Protection

Describe the method of providing overhead protection for workers or others who may be in, pass through or near the area below the work site.

☐ Barricading (eliminated access)

☐ Warning signs posted

☐ Toeboards installed around floor openings

☐ Hard hats required

☐ Other (Specify): _____

Describe: _____

_____

_____

Adequacy of Attachment Points

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

☐ Manufacturer's Data

☐ Evaluation by qualified engineer

☐ Existing engineered / designed anchor points

☐ Good faith assessment

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Injured Worker Rescue Plan

In the event of a fall from height, the supervisor will immediately alert the jobsite contact and the rescue and first aid teams. If the rescue team cannot perform a **rescue within 5 minutes** Emergency Services are to be called at once.

Emergency Phone Number – call **911** or: _____

Rescue Team: _____

First Aid Team: _____

Jobsite Contact: _____
Name *Number* *Company*

Rescue Equipment

What equipment is needed to ensure rescue within 5 minutes, to minimize suspension trauma?

☐ Ladder ☐ Aerial Lift ☐ Rescue Rope ☐ Rescue Pole

☐ Suspension Trauma Straps ☐ Alternative Lifting & Lowering Device

☐ First Aid Kit ☐ AED ☐ Stretcher ☐ Life Ring

☐ Other (Specify): _____ Location of Equipment: _____

Communication or Method of Contact

What communication methods will be used between the suspended worker and supervisor / rescue team?

☐ Direct Voice ☐ Mobile Phone / Number: _____

☐ Radio / Channel: _____ ☐ Other: _____

Rescue Procedures

Describe the tasks that will be done prior to work to prevent a fall and the step-by-step process to be followed in the event of a fall.

Pre-Work Tasks:	Response Procedures:
1) Identify Rescue & First Aid Team(s)	1) Make medical assessment of worker
2) Inspect and Stage rescue equipment	2) Notify Rescue & First Aid Team(s)
3) _____	3) Notify jobsite contact & call 911
4) _____	4) If possible, have worker perform self-rescue
5) _____	5) _____
6) _____	6) _____

Special Consideration & Coordination

Describe in detail any special considerations or coordination that will aid in the rescue of a fallen worker, (i.e. Anchor Points, Landing Area, Rescue Obstructions or Hazards, etc.)

_____

_____

_____

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Employee Acknowledgement of Fall Protection Training

All employees are to adhere to the Fall Protection procedures that are set forth in the HBIC Safety & Risk Management Plan. All employees shall have been trained by a qualified competent person; the training shall consist of a review of the fall protection plan and the proper use of fall protection equipment before work is to begin. Copies of this form are to be turned into the HBIC Safety Department and maintained at the jobsite.

Name	Signature	Date

List additional names on the back of this sheet

Approvals

Fall Protection Work Plan Completed By: _____

Submitted To: _____ Date: _____

Approved By: _____ Date: _____

Submit