



# FALL PROTECTION WORK PLAN

Fall protection is required at 4 feet. This written plan is required at or above 10 feet and be available on site.

Location and work conducted	Job site supervisor/competent person	Date
Notes:		

## IDENTIFY FALL HAZARDS

<input type="checkbox"/> Bridge decks <input type="checkbox"/> Catwalks <input type="checkbox"/> Connect girders <input type="checkbox"/> Drilling shafts <input type="checkbox"/> Environmental <input type="checkbox"/> Excavations	<input type="checkbox"/> Forming <input type="checkbox"/> Impalement hazards <input type="checkbox"/> Ladders <input type="checkbox"/> Leading edge <input type="checkbox"/> Perimeter edge, stairwell, roof, window opening	<input type="checkbox"/> Pouring <input type="checkbox"/> Scaffold <input type="checkbox"/> Set girders <input type="checkbox"/> Skylights <input type="checkbox"/> Sloped access <input type="checkbox"/> Stressing	<input type="checkbox"/> Tieback strands <input type="checkbox"/> Walkways/ramps <input type="checkbox"/> Welding at height <input type="checkbox"/> Work decks <input type="checkbox"/> Work over water (PFD)
Personal hoisting <input type="checkbox"/> Forklift <input type="checkbox"/> Man lift <input type="checkbox"/> Scissor lift <input type="checkbox"/> Other: _____			

## DESCRIBE PROTECTION METHOD

**Fall restraint:**  
 Type of harness: \_\_\_\_\_  
 Type of lanyard: \_\_\_\_\_  
 Anchorage: \_\_\_\_\_  
 Guard Rails?  Yes    Safety monitor system/warning lines?  Yes    Safety watch system?  Yes  
 Name of trained safety monitor: \_\_\_\_\_  
 Name of competent person (per form F417-102-000): \_\_\_\_\_

**Fall arrest:**  
 Type of harness: \_\_\_\_\_  
 Type of lanyard: \_\_\_\_\_  
 Anchorage: \_\_\_\_\_

Have workers been trained in the Fall Protection Work Plan details?     Yes     No  
 Has all fall protection equipment been inspected prior to use?     Yes     No  
 Emergency response notification procedures reviewed?     Yes     No

If a worker is injured, the site supervisor will evaluate the worker's condition and administer first aid. If the worker's condition appears serious, the supervisor or other designated person will call 911 or other local emergency number to request assistance.

**Method of post fall rescue/retrieval:**    \_\_\_\_\_ Self-rescue device    Other: \_\_\_\_\_

<b>Overhead protection</b> <input type="checkbox"/> 3½ inch toe boards <input type="checkbox"/> Debris nets <input type="checkbox"/> Hard hats <input type="checkbox"/> Warning signs <input type="checkbox"/> Other (Describe): _____	<b>Tool handling, storage, and securing</b> <input type="checkbox"/> Tool belts <input type="checkbox"/> Tool buckets <input type="checkbox"/> Other (Describe): _____
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Assembly, disassembly, and maintenance of all equipment will be done according to manufacturer's recommended procedures. Inspections will be conducted and documented per manufacturer's specifications of all safety equipment, including before each use. Any defective equipment will be tagged and removed from service.

Prior to being permitted into areas where fall hazards exist, workers will be trained and instructed on this Fall Protection Work Plan, including the items described below:

1. Identify all fall hazards in the job site.
2. Describe/demonstrate the method of fall arrest or fall restraint that will be provided.
3. Describe/demonstrate the correct procedures for the assembly, maintenance, inspection, and disassembly of the fall protection system that will be used.
4. Describe the correct procedures for the handling, storage, and securing of tools and materials.
5. Describe the method of providing overhead protection for people who may be in, or pass through the area below the job site.
6. Describe/demonstrate the method of emergency response for prompt, safe removal of injured workers.

The following workers have been trained and instructed on the elements of this Fall Protection Work Plan:

Worker name	DOC number if applicable	Signature	Date

The job site supervisor/competent person's signature verifies workers listed above have been informed and trained on the elements of this plan and the fall protection systems that will be used.

\_\_\_\_\_

Name Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Fall Protection Manager    **COPY** - Competent person, maintain at work site