

FALL PROTECTION WORK PLAN			
Job Location:			
Describe Job Task:			
1.	Identify all potential fall hazards in the work area:		
	<input type="checkbox"/> Open-sided walking/working surfaces (roofs, open-sided floors)	<input type="checkbox"/> Floor openings	<input type="checkbox"/> Hazardous process equipment
	<input type="checkbox"/> Open-sided ramps and runways	<input type="checkbox"/> Skylights	<input type="checkbox"/> Swing fall
	<input type="checkbox"/> Elevated work platforms	<input type="checkbox"/> Wall openings	<input type="checkbox"/> Fall clearance
	<input type="checkbox"/> Ladders	<input type="checkbox"/> Trenches	<input type="checkbox"/> Other :
	Describe the hazard(s):		
2.	Method of fall protection to be used:		
	<input type="checkbox"/> Fall restraint	<input type="checkbox"/> Guardrails	<input type="checkbox"/> Warning line
	<input type="checkbox"/> Fall arrest	<input type="checkbox"/> Horizontal life lines	<input type="checkbox"/> Covers (for holes & openings)
		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
	Describe:		
3.	Describe procedures for assembly, maintenance, inspection, and disassembly of the fall protection system to be used:		
4.	Describe procedures for handling, storage, and securing of tools and materials:		
5.	Describe methods of overhead protection for employees & those who may be in, or pass through, the area below the work site (i.e. barricading, toe boards, debris netting, warning signs):		

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6.	Describe methods for promptly rescuing employees in an event of a fall and removal of injured employees:	
7.	Identify method used to determine the adequacy of attachment/anchorage points:	
	<input type="checkbox"/> Manufacturer's data	<input type="checkbox"/> Qualified person assessment
	<input type="checkbox"/> Existing engineering/design documents	
	<input type="checkbox"/> Evaluation by qualified engineer	<input type="checkbox"/> Other (describe):
8.	List employees who will be performing work under this plan and the date they received fall protection training.	
	<u>Name</u>	<u>Training Date</u>
	Name/title of person provided training:	
Approvals		
Fall Protection Plan Completed By:		
Approved By:		
SDC Superintendent/Safety Manager's Name	Signature	Date