

Fall Protection Work Plan

WAC 296-155-24611-2: 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	Date
Site Address	

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Open-sided floors | <input type="checkbox"/> Wall openings | <input type="checkbox"/> Leading edge work |
| <input type="checkbox"/> Decks/Balconies | <input type="checkbox"/> Window openings | <input type="checkbox"/> Mobile lift work |
| <input type="checkbox"/> Floor openings | <input type="checkbox"/> Door openings | |
| <input type="checkbox"/> Skylight openings | <input type="checkbox"/> Roof openings | |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Guardrail system (LSO) | <input type="checkbox"/> Personal fall arrest system | <input type="checkbox"/> Safety watch system (LSO) |
| <input type="checkbox"/> Warning line system (LSO) | <input type="checkbox"/> Personal fall restraint system | <input type="checkbox"/> Warning line with safety monitor (LSO) |
| <input type="checkbox"/> Catch platform | <input type="checkbox"/> Positioning device system | Name of safety watch or monitor (if used):
_____ |
| <input type="checkbox"/> Safety net | <input type="checkbox"/> Horizontal life lines | |
| <input type="checkbox"/> Covers | <input type="checkbox"/> Vertical life lines & rope grab | |

Overhead Hazard Protection Methods

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Hard Hats | <input type="checkbox"/> Toe boards on guardrails | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Overhead Hazard Signs | <input type="checkbox"/> Screens on guardrails | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Debris Nets | <input type="checkbox"/> 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.

Name(s):	Date:

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 system in use:

Name:	Title:	Date: