



FALL PROTECTION WORK PLAN (FPWP)

Site Address _____ Date _____

Name of Location/Building _____

Work being performed _____

This document must be posted at the worksite until all work has been completed. Return this form to the Safety Manager when the work is complete.

Identify all fall hazards 10' or more above the ground or lower level (check all that apply)

- Open-sided walking/working surfaces (i.e. roofs, open-sided floors)
- Open-sided ramps, runways, platforms
- Floor openings
- Wall openings
- Skylight openings
- Trenches
- Surfaces that do not meet the definition of a walking/working surface (i.e. top plate)

****Walking/working surface** = any area whose dimensions are 45 inches or greater in all directions, through which workers pass or conduct work.

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Guardrail system | <input type="checkbox"/> Safety net | <input type="checkbox"/> Vertical life line and rope grab |
| <input type="checkbox"/> Warning line (LSO) | <input type="checkbox"/> Catch Platform | <input type="checkbox"/> Personal fall arrest system |
| <input type="checkbox"/> Warning line w/safety monitor (LSO) | <input type="checkbox"/> Positioning device system | <input type="checkbox"/> Personal fall restraint system |
| <input type="checkbox"/> Safety monitor - no warning line (LSO) | <input type="checkbox"/> Covers (floor holes & openings) | <input type="checkbox"/> Appropriate anchors for system used |
| <input type="checkbox"/> Safety Watch - for repairs only (LSO) | <input type="checkbox"/> Horizontal life lines | |

Other methods of fall protection selected:

- Boom lift
- Scaffold w/guardrail
- Scissor lift
- Other: _____

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 (print) | Date |
|--------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Name & title of person who provided training: _____

Date _____