

Chapter 20 - Form 1: Fall Protection Work Plan

| | | |
|---|--|--|
| 1. Job Specific Information | | |
| Job Name: | Job Location: | |
| Department Name: | Phone #: | |
| Project Manager: | Job Dates (start/end): | |
| Work Order: | Project Number: | |
| 2. Potential fall hazards | | |
| Identify potential fall hazards (e.g. roofs, skylight, pit, elevated equipment, open-sided floor, window opening, etc.) | | |
| 3. Fall protection to be used (circle all used) | | |
| Elimination | Guardrail | Cover |
| Designated area (complete applicable section 4) | Travel Restraint (complete applicable section 4) | Personal fall arrest system (complete applicable section 4) |
| 4. Description of processes (Describe specifics) Complete, fill-in, or circle choice (add notes) | | |
| Designated area can only be used on low slope roofs with a pitch of 2-in-12 or less. Designated area must be at least six feet back from the fall exposure for infrequent work activities and fifteen feet back for common work activities. | Task; Frequent or Infrequent (circle one) Warning line distance from fall exposure – 6-feet 15-feet Other _____ | |
| Travel restraint must be set up so workers cannot reach the fall exposure and use proper harnesses, lanyards and anchorage points. | Harness in good condition Yes or No* (circle one) Lanyard in good condition Yes or No* (circle one) Proper anchorage point Yes or No* (circle one) Distance to fall exposure exceeds travel distance Yes or No* (circle one) *If No, work cannot proceed. | |
| Personal fall arrest systems must be set up so workers cannot fall to a lower level or strike obstructions between the work surface and lower levels. The system requires proper harnesses, lanyards and anchorage points. | Harness in good condition Yes or No* (circle one) Lanyard in good condition Yes or No* (circle one) Proper anchorage point Yes or No* (circle one) Rescue available Yes or No* (circle one) *If No, work cannot proceed. | |
| 5. NOTIFICATION & EMERGENCY PROCEDURE | | |
| Contact Public Safety <u>prior</u> to activity to advise of location & time including start and end times @ X4902 | | |
| Primary means of rescue (e.g. aerial lift, etc.) | | |
| Public Safety @ 971-722-4444 Emergency @ 9-1-1 | | |
| 6. EMPLOYEES APPROVED | | |
| Employee Name | Date Trained | Initials |
| | | |
| | | |
| Department Supervisor Signature and Title: (Print/Sign) | | Date: |

Scan Completed Form & Attach to Work Order