

**FALL PROTECTION WORK PLAN (FPWP)**

*Fall protection is required at 4'; however, a written plan is required at 10'*

Department Name \_\_\_\_\_ Date \_\_\_\_\_

Site Location \_\_\_\_\_

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Open-sided walking/working surfaces (i.e. roofs, open-sided floors)**                  | <input type="checkbox"/> Floor openings    |
| <input type="checkbox"/> Open-sided ramps, runways, platforms   | <input type="checkbox"/> Wall openings     |
| <input type="checkbox"/> Trenches   | <input type="checkbox"/> Skylight openings |
| <input type="checkbox"/> 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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Appropriate anchors for system used | <input type="checkbox"/> Personal fall arrest system     | <input type="checkbox"/> Warning line (LSO)*                  |
| <input type="checkbox"/> Covers (floor holes & openings)     | <input type="checkbox"/> Personal fall restraint system  | <input type="checkbox"/> Warning line w/safety monitor (LSO)* |
| <input type="checkbox"/> Guardrail system                    | <input type="checkbox"/> Positioning device system       | <b>LSO = Low Slopes Only</b>                                  |
| <input type="checkbox"/> Horizontal lifelines                | <input type="checkbox"/> Vertical lifeline and rope grab | <b>(low slopes = 4 in 12 or less)</b>                         |

Other methods of fall protection selected:

- |  |   |
|--|---|
| <input type="checkbox"/> Boom lift *                         | <input type="checkbox"/> Scaffold w/guardrail |
| <input type="checkbox"/> Scissor lift or other aerial lift * | <input type="checkbox"/> Other: _____         |

\*must wear personal fall arrest equipment

Describe procedures for assembly, maintenance, inspection, and disassembly of the 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 the area below the worksite:

Describe the method for prompt, safe removal of injured worker(s):

**Emergencies: DIAL 911**

Employees who received fall protection training on the above site-specific fall protection work plan:

Name (print)	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name & title of person who provided training: \_\_\_\_\_

Name of lead worker or supervisor (print)	Signature	Date
_____	_____	_____

**This Fall Protection Work Plan must be kept at the job site.**