# Fall Protection Work Plan

## [WAC 296-880](https://lni.wa.gov/safety-health/safety-rules/chapter-pdfs/WAC296-880.pdf#WAC_296_880_090)

<<COMPANYNAME>> has implemented a written fall protection work plan including each area of the workplace where the employees are assigned and where fall hazards of 10 feet or more exist. A copy of this plan will be available on the job site for inspection.

|  |  |
| --- | --- |
| Company Name | Date |
| Site Address |

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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Unprotected sides and edges | [ ]  | Window openings |
| [ ]  | Decks/Balconies | [ ]  | Door openings |
| [ ]  | Floor hole | [ ]  | Roof hole |
| [ ]  | Skylight hole | [ ]  | Leading edge work |
| [ ]  | Wall openings | [ ]  | Elevating work platform  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Guardrail system (LSO) | [ ]  | Personal fall restraint system |
| [ ]  | Warning line System (LSO) | [ ]  | Positioning device system |
| [ ]  | Catch platform | [ ]  | Horizontal life lines |
| [ ]  | Safety net | [ ]  | Vertical life lines & rope grab |
| [ ]  | Covers | [ ]  | Safety watch system (LSO) |
| [ ]  | Personal fall arrest system | [ ]  | Warning line w/ safety monitor (LSO) |
| Name of safety watch or monitor (if used): |  |

Overhead Hazard Protection Methods

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Hard Hats | [ ]  | Toe boards on Guardrails |
| [ ]  | Overhead Hazard Signs | [ ]  | Screens on Guardrails |
| [ ]  | Debris Nets | [ ]  | Barricade to control Access to Area |
| [ ]  | Other: | [ ]  | 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(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 systems in use:

|  |  |  |
| --- | --- | --- |
| Name | Title | Date |
|  |  |  |