*Note: Employees review the requirements of this fall protection work plan prior to starting work. This plan is available at the jobsite during work activities. Employees are trained and instructed in accordance with industry standards and the Construction Environment Safety & Health (CESH) manual for Fall Protection.*

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| **Job Location**:       | **Plan #**:       | **Date**: Click or tap to enter a date. |
| **Description of Work**:       |
| **Identified Fall Hazards in the Work Area (≥6ft.) *(select all that apply)*:** [ ] Perimeter/Leading Edge [ ] Stairways [ ] Floor Openings [ ] Ladders [ ] Steel Erection [ ] Roof Work[ ] Scaffold erection/disassembly [ ] Other (describe):       |
| **Method of Fall Protection to be Provided *(select all that apply)***:[ ] Fall Restraint [ ] Guardrails [ ] Warning Line [ ] Fall Arrest [ ] Catch Platform [ ] Safety Monitor [ ] Cover/Hatch[ ] Controlled Access Zone (CAZ) [ ] Horizontal Lifeline [ ] Other:      Describe the System:       |
| **Describe the process for system assembly, disassembly, inspection, and maintenance if required**:      |
| **Describe the process for handling, storage, and securing of tools/materials**:      |
| **Overhead Hazard Protection Methods**: [ ] N/A[ ] Barricading [ ] Hard Hats Required [ ] Toe Boards (scaffolds, floor openings) [ ] Signage [ ] Canopy/Debris Net[ ] Other:      Describe:       |
| **Emergency Response/Rescue method**:[ ] Initiate Emergency Response (509)375-2400 [ ] Lift Truck/Personnel Platform [ ] Drop Lines/Retraction Devices [ ] Ladders[ ] Scaffolding [ ] 2-Way Communication [ ] Other:       |
| **Determination of Acceptable Attachment Points**: [ ] N/A[ ] Manufacturers Data [ ] Engineering/Design Documents [ ] Evaluation by a Qualified Engineer [ ] Good Faith Assessment[ ] Other:       |
| **Other Fall Protection System *(describe the complete system):*** [ ] N/A       |
| **Justification for Administrative Controls (safety monitor or CAZ)**: [ ] N/A       |
| **Identify Safety Monitor(s) if Used**: [ ] N/A       |
| **Approvals (print/sign)** | **DATE** |
| Plan Completed By:       |  |
| Responsible Supervisor:       |  |
| WS&H Professional:       |  |
| **Employees Working to this Plan** |
| **NAME (print)** | **NAME (sign)** | **DATE** |
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*Note: Additional sign-on/roster sheets may be used. Reference the plan # on additional rosters used.*