Appendix 19-A
Fall Protection Work Plan

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. Also, employees are trained and instructed in accordance with the requirements outlined in Section Nineteen [19] sub-section 5.0.**			
Job Location Description:			
1.	**Identify all fall hazards 1.83 m (6 ft) or more in the work area:**		
	☐ Leading edge	☐ Stairways	☐ Floor openings
	☐ Perimeter edge	☐ Ladders	☐ Steel erection
	☐ Scaffold erection/disassembly	☐ Through a roof	
	☐ Other (describe):		
2.	**Method of fall protection to be provided:**		
	☐ Fall restraint	☐ Guardrails	☐ Warning line
	☐ Fall arrest	☐ Catch platform	☐ Safety monitor
	Describe:		
3.	**Describe the correct procedure for assembly, maintenance, inspection, and disassembly of the fall protection system to be used:**		
4.	**Describe the correct procedure for handling, storage, and securing of tools and material:**		
5.	**Describe the method of providing overhead protection for workers who may be in, or pass through, the area below the work site:**		
	☐ Barricading	☐ Toeboards on scaffolds and floor openings	
	☐ Hard hats required	☐ Warning signs	
	Describe:		
6.	**Describe the method for prompt, safe removal of injured workers:**		
	☐ Initiate emergency response (911)	☐ Use drop lines or retraction devices	☐ Use ladders
	☐ Utilize lift truck or personnel platform	☐ Utilize scaffolds	
	☐ Other (describe):		
7.	**Describe the method used to determine the adequacy of attachment points:**		
	☐ Manufacturer's data	☐ Existing engineering/design documents	
	☐ Evaluation by qualified engineer	☐ Good faith assessment	

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8. Identify the employees working at/near a "leading edge."

9. Identify the safety monitor(s) (if used – or N/A):

10. Justify selecting controlled access zone and/or safety monitor (if used – or N/A):

Approvals

Fall Protection Plan Completed By:

Approved By:

Responsible Supervisor:	_____ **Date**	**Project Safety:**	_____ **Date**