

Site-specific Fall Protection Template

Planning plays a key role in protecting workers from fall hazards. This fall protection plan template can assist the planning process. Employers should ensure that fall protection plans are designed to address site-specific conditions and comply with Federal and State Regulations.

Site address:		Start date:
Site description:	Employer:	
Work area:		
Tasks:		

Site-specific Fall Hazards (see diagram on page 2 for more details)

Max. height - Task 1:	Max. height - Task 2:	Max. height (other):
Roof slope(s), if applicable:		
Proximity to high voltage power lines - (MAD):	
Ground hazards:		
Other/comments:		
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Type of Fall Protection You Will Use (see definitions on page 3)

Fall restraint

Fall arrest

Temporary guardrail system

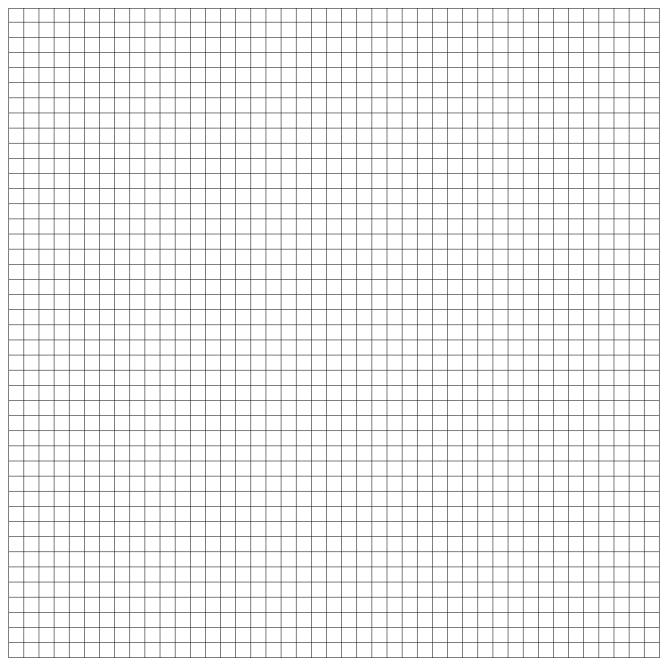
Equipment Inspection

Item	Condition / Comment
Full body harness	
Vertical lifelines	
Lanyards	
Rope grabs	
Anchors	
Ladders	
Ladder hoist	
Toeboards	

Prior to Accessing the Work Location

Checklist	Comments
First Aid/CPR [AED] personnel onsite	
Personal Protective Equipment (PPE)	
Job Briefing Conducted	
Rescue Process - Identified	
Electric Shock Protocol - Reviewed	
Grounding Protocol - Reviewed	

Site Diagram (include anchor locations):



Ladder / Scaffolding Setup:

Set up on a firm, level base	Ladder - Extends approx. (3 feet) past edge of roof
Scaffolding set-up IAW Manufacturer's Recommendation	Scaffold - Secured / Inspected / Signed off by QP

Fall Protection System Special Assembly Procedures:

Rescue Procedures for a Fallen Worker:

Fall Protection Definitions:

• Fall restraint means a system to prevent a worker from falling from a work position, or from traveling to an unguarded edge from which they could fall.

- Fall arrest means a system that will stop a worker's fall before they hit the surface below.
- **Guardrail** means a guard consisting of a top rail, approximately 42 in. above the floor level, and an intermediate rail centered at approximately the mid-point of the space between the underside of the top rail and the floor level or upper edge of the toe-board if one is fitted.

Notes:

Worker Sign-off

I acknowledge that I have reviewed the fall protection requirements and procedures for this site with my supervisor and understand my responsibilities, specifically the requirement to use personal fall protection.

Signature	Company
	Signature

Supervisor name:	Supervisor signature:	Date:			
		MM	DD	YY	