



Fall Protection Work Plan Guide

Site Location _____ Date _____

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

Identify all fall hazards in your work area (check all that apply)

- ☐ Open-sided walking/working surfaces (e.g., roofs, open-sided floors)
- ☐ Open-sided ramps, runways, platforms
- ☐ Floor openings
- ☐ Wall openings
- ☐ Skylight openings
- ☐ Trenches

Methods of fall protection to be used:

- | | | |
|---|---|--|
| ☐ Guardrail System | ☐ Personal Fall Arrest System | ☐ Vertical Lifeline & Rope Grab |
| ☐ Warning Line | ☐ Personal Fall Restraint System | ☐ Horizontal Lifelines |

Name of Safety Watch or Monitor, if used: _____

Describe procedures for assembly, maintenance, inspection, and 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, the work area.

Describe methods to be implemented for the prompt, safe removal of injured worker(s).



Name and title of person who provided training and date trained:

Employees who received fall protection training on the above site-specific Fall Protection Work Plan.

Name (print)

Date

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