



Fall Protection Work Plan

WAC 296-880-10020: You must develop and implement a written fall protection work plan including each area of the workplace where the employees are assigned and where fall hazards of 10ft or more exist. The plan must be made available on the job site for L&I compliance inspections.

Company Name	Date
Site Address	
Emergency Contact	Phone

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

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|--|--|--|
| <input type="checkbox"/> Open-sided floors | <input type="checkbox"/> Openings | <input type="checkbox"/> Leading edge work |
| <input type="checkbox"/> Decks/Balconies | <input type="checkbox"/> Roof | <input type="checkbox"/> Mobile lift work |
| <input type="checkbox"/> Holes | <input type="checkbox"/> Skylights/Windo opening | <input type="checkbox"/> Stairwell |
| <input type="checkbox"/> Other: _____ | | |

Method/s of fall protection to be used: (LSO = Low Slopes Only. Low Slope = 4 X 12 or less)

- | | | |
|---|---|---|
| <input type="checkbox"/> Personal fall arrest system | <input type="checkbox"/> Safety watch system (LSO) | <input type="checkbox"/> Warning line system (LSO) |
| <input type="checkbox"/> Catch platform | <input type="checkbox"/> Positioning device system | <input type="checkbox"/> Safety net |
| <input type="checkbox"/> Covers | <input type="checkbox"/> Horizontal life lines | <input type="checkbox"/> Vertical lifelines & rope grab |
| <input type="checkbox"/> Personal fall restraint system | <input type="checkbox"/> Warning line with safety monitor (LSO) | |

Name of safety watch or monitor (if used): _____

Overhead Hazard Protection Methods

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Hazard hats | <input type="checkbox"/> Toe boards on guardrails | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Overhead hazard signs | <input type="checkbox"/> Screens on guardrails | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Debris nets | <input type="checkbox"/> Barricade to control access to area | |

Describe procedures for assembly, maintenance, inspection, disassembly of fall protection system to be used.

Describe procedures for handling, storing and securing tools, equipment and materials.

Describe methods of overhead protection for workers who may be in or pass through work areas.

Describe methods for prompt rescue of employees in the event of a fall.

Employees who received fall protection training on the above site-specific work plan.

Name(s)	Date
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The employer or employers' designee signature verifies that employees are trained and instructed on plan.

Name	Title	Date
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