FALL PROTECTION WORK PLAN



1.	Name Project Lead	Date	Metro Park & Recreation
2.	Site Location		
3.	Project Description		
4.	Fall Hazards of 10' or More in Work Area: (check applicable hazards)		
	Open-sided walking or working surfa Open-sided ramps runways, platform Floor openings (stairwell) Wall openings (window) Skylight openings Trenches Aerial lift	aces (i.e. roofs, open-sided floors, perimeter ns, scaffolding	edges)
5.	Methods of Fall Protection to be Used:	LSO = low slopes only	y (4x12 or less)
	Guardrail system (LSO) Warning line (LSO) Warning line w/safety monitor (LSO) Name of safety monitor: Personal fall arrest system Personal fall restraint system		es a rope grab stem (LSO)
6.	Procedures for assembly/maintenance/inspection/disassembly of fall protection system to be used:		
	A visual inspection of all safety equipment will be done before each use. Any defective equipment will be tagged and removed from use immediately. Assembly and disassembly of all equipment will be done according to manufacturers' recommended procedures.		
	 Specific instructions for inspection to be done prior to use: Inspect webbing and stitching on harness for fraying, cuts or tears. Check hardware for corrosion or rust if it is bent out of shape. Inspect lanyard webbing and snap hooks. Discard equipment if damaged or used in fall. 		
7.	Procedures for fall protection or fall restrain	nt:	

- Put harness on prior to working at elevations of 6 feet or more.
- Attach lanyard to harness
- Attach other end of lanyard to lifeline cable.
- Attach lifeline cable to anchorage.
- Keep fall protection equipment available at all times in work truck.
- 8. Overhead protection:

Hard hats are required on all job sites with the exception of those that have no exposure to overhead hazards.

- 9. Injured worker removal:
 - Leave injured worker in place until emergency services take over unless there is further risk to danger.
 - Apply first aid as needed.
 - Call 911 and notify supervisor.
- 10. Names of employees who received fall protection training for above site fall protection work plan:

Employee Name:

Date:

Name of person providing training____

___Date__

11/4/14 (Work plans to be retained by project lead/supervisor and turned in at year end to Administrative Manager)