



## Fall Protection Plan

**Instructions:** To be completed by a competent person(s) prior to work at or exceeding 4 feet in elevation that requires the use of personal fall protection. This plan shall be reviewed with all members of the team that will be performing work or performing rescue duties, prior to commencement of work.

**Date:** \_\_\_\_\_

**Responsible Department:** \_\_\_\_\_

**Work Location (Building, Room):** \_\_\_\_\_

**Description of Work to be Completed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Designated Competent Person(s):**

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Fall Protection Authorized Users:**

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Fall Hazards Identified at Work Location:**

- Unprotected/open-sided walking-working surfaces
- Unprotected ramps, runways, platforms
- Unprotected floor openings/holes
- Unprotected wall openings
- Skylights
- Trenches
- Other (describe) \_\_\_\_\_
- Other (describe) \_\_\_\_\_

**Describe Any Other Hazards Identified and How They Will be Addressed/Corrected:**

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**Overhead Protection Methods (check all that apply):**

<input type="checkbox"/> Hard Hats Required	<input type="checkbox"/> Toe boards on working platform	<input type="checkbox"/> Tool lanyards/tie-offs
<input type="checkbox"/> Tool belts	<input type="checkbox"/> Guardrail screen	<input type="checkbox"/> Catch Net
<input type="checkbox"/> Barricading	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Other (describe)

**Other Personal Protective Equipment to be Used (check all that apply):**

<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Safety Goggles
<input type="checkbox"/> Gloves	<input type="checkbox"/> Electrical/Arc-Flash PPE (describe):	<input type="checkbox"/> Other (describe)

**How Will The Elevated Work Location Be Accessed? (check all that apply):**

<input type="checkbox"/> Fixed Stairwell	<input type="checkbox"/> Portable stairwell	Lift (check) <input type="checkbox"/> Aerial <input type="checkbox"/> Boom <input type="checkbox"/> Vertical/Scissor Lift
<input type="checkbox"/> Scaffold	<input type="checkbox"/> Fixed Ladder	<input type="checkbox"/> Portable Ladder

**Fall Protection System Components (check all that apply):**

<input type="checkbox"/> Full body harness	Lanyard (check): <input type="checkbox"/> Fixed <input type="checkbox"/> Shock absorbing	<input type="checkbox"/> Suspended Standing or Sitting Platform
<input type="checkbox"/> Locking Carabiners, D-Rings, or Snap Hooks	<input type="checkbox"/> Self-Retracting Device/Lifeline (SRD/SRL)	<input type="checkbox"/> Vertical Lifeline and Rope Grab
<input type="checkbox"/> Warning Lines	<input type="checkbox"/> Safety Net	<input type="checkbox"/> Guardrails
<input type="checkbox"/> Deceleration Device	<input type="checkbox"/> Anchorage Points	<input type="checkbox"/> Safety Monitor (provide name and contact phone)
<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Other (describe)

**Describe how the fall protection system to be used will be assembled and disassembled:**

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## Fall Rescue Plan

*This plan is intended to be job specific. Refer to this plan in the event of a fall or fall arrest.*

### 1. Identify Individuals Authorized to Perform Assisted Rescue:

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### 2. Location of Nearest First Aid Station: \_\_\_\_\_

### 3. Location of Nearest Automated External Defibrillator (AED):

\_\_\_\_\_

### 4. Methods of Rescue to be Used (check all that apply):

- Self-Rescue Unit (worn on authorized user's body harness)
- 3-Way/Multi-Method Rescue Unit (self and assisted rescue, worn on authorized user's body harness)
- Tripod/Winch System
- Rescue Ladder – Location: \_\_\_\_\_
- Rescue Pole – Location: \_\_\_\_\_
- Lift (Aerial, Vertical/Scissor, Boom) – Make, Model, Location:  
\_\_\_\_\_
- Other (describe and include location if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

### 5. Describe any potential hazards or obstacles that may need to be considered when performing a rescue:

\_\_\_\_\_  
\_\_\_\_\_

### 6. Method of Communication with Fallen Employee (check all that apply):

- Cell Phone                       Two-Way Radio                       Verbal/Face to Face
- Other (describe) \_\_\_\_\_

### 7. Emergency Contact Information

- **All Emergencies contact Campus Police (ext. 5-5555 or 410-455-5555) or 911**
- Environmental Safety and Health – (410) 455-2918
- Other: \_\_\_\_\_

### **Fall Response Procedure for Authorized Rescuers:**

1. **Call Campus Police at extension 5-5555 (outside lines call 410-455-5555) or call 911.** Notify other emergency contacts as the situation and time permits. Follow all instructions of emergency communications personnel and first responders.
2. If the fallen employee is equipped with a self-rescue device, and is able, instruct them to perform self-rescue. Monitor the employee as self-rescue is deployed.
3. If the employee is unable to perform self-rescue, then perform assisted rescue, using equipment indicated in **“Section 3 - Methods of Rescue to be Used”** on Page 4.
  - a. If they have them equipped, ensure the employee deploys suspension trauma relief straps located on the full body harness.
4. Once the employee has been lowered to safety, assess their condition and render aid as appropriate until emergency response personnel arrive.

## Final Review Checklist

Equipment Pre-Use Inspection – Promptly report and remove/tag out of service any equipment that does not pass inspection.

- Body harness name and identification tags are in place and legible
  - Body harnesses are in good condition and free from fraying, wear, mildew, or other damage
  - Body harnesses - Integrity of stitching and absence of knots, fraying, wear, damage, mildew
  - Lanyards – Integrity of stitching and absence of knots, fraying, wear, damage, mildew
  - Horizontal lifelines are appropriately secured in place and have appropriate tension
  - Lifelines (vertical or horizontal) are free from/protected from cuts or abrasions
  - Locking capability of self-retracting devices (SRD/SRL) has been confirmed
  - Ropes – free of knots, fraying, wear, mildew, other damage
  - Carabiners, D-Rings, Snap Hooks – Absence of cracks, deformations
  - Carabiners, D-Rings, Snap Hooks – Locking/securing capability
  - Anchorage points to be used are secure and appear free of cracks or other deformations
  - If applicable, hole covers are appropriately secured and marked
  - If applicable, warning lines meet strength requirements and are appropriately placed
  - If applicable, guardrails are appropriately placed and meet height and strength requirements
  - All other Personal Protective Equipment is available and in good condition
  - Rescue equipment is stationed in place and accessible
  - Other (describe) \_\_\_\_\_
- Have safer, alternative methods of completing this work been considered?
- Have any other identified safety concerns or hazards been addressed/corrected?
- Has this Fall Protection Plan been reviewed with all personnel performing work or rescue duties?

*By signing this form, I attest that all sections of this Fall Protection and Rescue Plan have been completed to the best of my knowledge and that work may proceed.*

**Competent Person Signature:** \_\_\_\_\_