Chapter 20 - Form 1: Fall Protection Work Plan (FPWP)

1. JOB SPECIFIC INFORMATION	
Job Name:	Job Location:
Department Name:	Phone #:
Project Manager:	Job Dates (start/end):
Work Order:	Project Number:

2. POTENTIAL FALL HAZARDS

Open-sided walking/working surfaces (i.e. roofs, open-sided floors)

__ Open-sided ramps, runways, platforms __ Wall openings (window, door, etc.) __ Winds/gusts >25mph (work suspended)
__ Floor openings __ Roof hatch openings __ Ice/snow/wet leaves (slips/trips/falls)
__ Trenches (> 4-ft) __ Skylight openings
__ Surfaces that do not meet the definition of a walking/working surface (i.e. top plate)

3. METHODS TO BE USED FOR FALL ARREST AND/OR RESTRAINT

LSO = Low Slopes Only (low slopes = 2-in-12 pitch, or less)

__ Guardrail system __ Appropriate anchors for system __ Positioning device system
__ Warning line (LSO) __ Horizontal life lines __ Personal fall restraint system
__ Warning line w/safety monitor (LSO) __ Vertical life line and rope grab __ Personal fall arrest system
__ Covers (floor holes & openings)

4. DESCRIPTION OF PROCESSES (Describe specifics) Complete, fill-in, or circle choice (add notes)

a. Fall Distance Calculated FFD + DD + H + C = RD	**6.0' + 5.5' + ___ + 3.0' = ____ feet** (H = Worker height)
b. Height of the TALLEST person	Feet = ___ Inches = ____
c. Height of ANCHOR (mark 'X')	Height = ____ inches; Above head ___, Wall ___, Ground ___
d. Distance to OBSTUCTION	How far to lower surface, or ground? = ____ feet
e. Length of a ROPE needed	Length = ____ feet (from nearest anchor if using PFAS)

5. EQUIPMENT AND PROTECTION

f. Assembly of Equipment	Y / N - Notes:
g. Maintenance of Equipment	Y / N - Notes:
h. Inspection of Equipment	Y / N - Notes:
i. Disassembly of Equipment	Y / N - Notes:
j. Tools/Materials Secured	Y / N - Notes:
k. Protection for Ground Workers	Y / N - Notes:

6. NOTIFICATION & EMERGENCY PROCEDURE

EMERGENCY & First Aid/Rescue for Injured Workers	Contact Public Safety prior to activity to advise of location & time – start/end @ X4902 Notes:
Public Safety @ 971-722-4444 Emergency @ 9-1-1	Notes:

Other:

7. EMPLOYEES APPROVED

Employee Name	Date Trained	Initials
Department Supervisor Signature and Title: (Print/Sign)		Date:

OAR 437 1926.502 *"Fall Protection Systems Criteria and Practices*

Scan Completed Form & Attach to Work Order

Return completed and signed copy to *Environmental Health and Safety*

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INSTRUCTIONS

A written fall protection work plan must be implemented by each department on a job site where a fall hazard of **4 feet or greater** exists.

This plan must be specific for each work site.

THIS WORK PLAN WILL BE AVAILABLE ON THE JOB SITE FOR INSPECTION

1. **FILL OUT THE SPECIFIC JOB INFORMATION**
   Complete this section.

2. **FALL HAZARDS IN THE WORK AREA**
   Check **.**√ for hazards identified.

3. **METHOD OF FALL ARREST OR FALL RESTRAINT**
   Check **.**√ for hazards identified.

4. **DESCRIPTION OF PROCESS**

   a. Fall Distance Calculated (see worksheet)

      Terms:
      FFD – Free Fall Distance (lanyard length = 6-ft)
      DD – Deceleration Distance (5.5-ft)
      H – Height of employee (i.e., 5.8-ft)
      C – Safety Factor (3-ft)
      RD - Required Distance (i.e., 6 + 3.5 + 5.8 + 3 = 20.3)
      ADD length of anchor strap of retractable lifeline (~2-ft)

      FFD + DD + H + C = RD (use example for height above)

      6.0’ + 5.5’ + 5.8’ + 3.0’ = 20.3-feet

   b. What is the height of the tallest person in the group? USE THIS HEIGHT
   c. Height of the anchor. How high is the anchor? Is it; from a support above? On the roof? On a wall?
   d. What is the distance to the next level, or to the nearest item that may stop your fall, or to the ground?
   e. How long of a rope is needed? Attached rope to life-lines, or nearest anchor on low-slope roofing work.

5. **EQUIPMENT AND PROTECTION**

   f. Assembly – What safety equipment is needed?
   g. Maintenance – Has the safety equipment been inspected? Needs repair – take out-of-service!
   h. Inspection – Harness and lanyard inspection BEFORE use. Document on *Inspection* Forms 3 & 4.
   i. Disassembly – Safely remove all equipment from the work site. Last to remove is PPE.
   j. What tools are needed? Are they secure from dropping, or falling to the lower level?
   k. How do you protect workers below? Make an exclusion zone? Guard rails with toe-stops?

6. **EMERGENCY PROCEDURE**

   Self-rescue is preferred using the proper equipment and training.

   Contact Public Safety PRIOR to accessing the elevated surface. Call the non-emergency (X4902) and advise of the location, time starting/ending, and call when task completed.

   Public Safety will contact the EMTs and Fire Rescue in the event of an emergency.

7. **EMPLOYEES APPROVED**
   ONLY employees that have taken the PCC Fall Protection training class may access an elevated location where fall hazards exist.
   Supervisor MUST review the FPWP, make corrections, sign & date, then scan the completed and signed form and attach to the work order.
   Return the form to EH&S when completed and signed.