

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		
Identify potential fall hazards (e.g. roofs, skylight, pit, elevated equipment, open-sided floor, window opening, etc.)		
3. Fall protection to be used (circle all used)		
Elimination	Guardrail	Cover
Designated area (complete applicable section 4)	Travel Restraint (complete applicable section 4)	Personal fall arrest system (complete applicable section 4)
4. Description of processes (Describe specifics) Complete, fill-in, or circle choice (add notes)		
Designated area can only be used on low slope roofs with a pitch of 2-in-12 or less. Designated area must be at least six feet back from the fall exposure for infrequent work activities and fifteen feet back for common work activities.	Task; Frequent or Infrequent (circle one) Warning line distance from fall exposure – 6-feet 15-feet Other _____	
Travel restraint must be set up so workers cannot reach the fall exposure and use proper harnesses, lanyards and anchorage points.	Harness in good condition Yes or No* (circle one) Lanyard in good condition Yes or No* (circle one) Proper anchorage point Yes or No* (circle one) Distance to fall exposure exceeds travel distance Yes or No* (circle one) *If No, work cannot proceed.	
Personal fall arrest systems must be set up so workers cannot fall to a lower level or strike obstructions between the work surface and lower levels. The system requires proper harnesses, lanyards and anchorage points.	Harness in good condition Yes or No* (circle one) Lanyard in good condition Yes or No* (circle one) Proper anchorage point Yes or No* (circle one) Rescue available Yes or No* (circle one) *If No, work cannot proceed.	
5. NOTIFICATION & EMERGENCY PROCEDURE		
Contact Public Safety <u>prior</u> to activity to advise of location & time including start and end times @ X4902		
Primary means of rescue (e.g. aerial lift, etc.)		
Public Safety @ 971-722-4444 Emergency @ 9-1-1		
6. 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