

## Centennial Fall Protection Work Plan

0206500\_CP\_11\_20\_en\_A1.4



Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Contract and Task Order Number: \_\_\_\_\_ PSO/SSHO Name: \_\_\_\_\_

Project Location (be specific, include Bldg. # / Floor / grid / etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complete the form and answer the questions on the form below. Be as specific as possible. If more space is needed to adequately explain scenarios / equipment / means and methods, please use additional space provided at the back of plan.**

Authorized Person(s) \*Name: \_\_\_\_\_

Competent Person(s) Name: \_\_\_\_\_

Qualified Person(s) Name: \_\_\_\_\_

*\*Note: Two authorized workers must be present whenever fall restraint or fall arrest equipment is in use. Even when no such equipment is used, the two-person rule is recommended for any work conducted at heights.*

How high is the work surface from ground level or lower work surface? (be specific)

\_\_\_\_\_

What type of access / egress will be provided?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will equipment and tools be conveyed to the elevated work location?

\_\_\_\_\_

\_\_\_\_\_

Describe the walking / working surface?

\_\_\_\_\_

\_\_\_\_\_

List environmental factors effect the work at heights (i.e. heat / cold / wind / water / ice)?

\_\_\_\_\_

\_\_\_\_\_

Will any individuals on site be working below the elevated work surface or be exposed to falling objects?

Yes	No
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- If yes, what barricading will be required, and will toe boards be implemented (explain below):

\_\_\_\_\_

\_\_\_\_\_

Fall protection method? (see options below, it is acceptable to choose multiple selections)

Guard Rails:	Yes	No	Restraint:	Yes	No
Work Procedures:	Yes	No	Arrest:	Yes	No

**Complete the section below if fall RESTRAINT or fall ARREST will be implemented.**

Are there any existing anchorage\* points that can be used? If so, where?

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*\*Note: existing anchor points must be inspected by a qualified person and tested annually*

Are anchorage points labeled as engineered 5,000 lb. anchors or have been determined to withstand 2 times the anticipated load by an RPE (Qualified Person)?

Yes	No
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- If no, can pre-manufactured engineered anchors be utilized?  
(i.e. concrete anchors / beam straps / tie back lanyards / etc.)

Yes	No
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Have Anchor point(s) been inspected?

Yes	No
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- If yes, list the name & company of the person conducting the inspection: \_\_\_\_\_

List all equipment to be used (i.e. full body harness / lanyards / shock absorbers / fall limiters / connecting hardware / beam straps / self-retracting lifeline / etc.):

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If using fall arrest, what is the distance from the anchor point to the ground or lower level? \_\_\_\_\_

*Note: If using conventional fall arrest equipment (6' lanyard / 4' shock absorber / full body harness) the fall clearance required will most likely be between 15-18 feet.*

Are there any swing fall hazards or objects (plumbing lines / electrical lines / HVAC equipment, etc.) that the individual may contact during a fall? If yes, explain below:

Yes	No
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Show clearance calculations including (lanyard length, deceleration distance, worker height and safety factor). Use space below, may include sketch as well.

**Complete the section below when considering Emergency Rescue**

What methods will be implemented to ensure prompt (6-10 minute) emergency rescue of a fallen worker?

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List Rescue Equipment immediately available, describe how it will be staged quickly and safely to perform rescue.

Rescue Equipment:

Staging & Implementation

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*Note: Immediate response is required to minimize the risk of further injury or death to the fallen worker as a result of suspension trauma.*

If high angle rescue / assisted rescue will be performed by local emergency services / fire department, have they been briefed on the nature of the project site?

Yes	No
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Are they capable of supplying rescue operations to your site?

Yes	No
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List communications with emergency responders below. Include date / time / conversation details:

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Obstructions present preventing rescue of a suspended worker?

Yes	No
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Will the contractor implement the use of an internal or contracted third party high angle rescue team?

Yes	No
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If local emergency responders will not be used and the contractor has implemented a third party or internal high angle rescue team, are the individuals performing assisted rescue trained in rescue at heights?

Yes	No
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If applicable, list the names of the individuals that are responsible for rescuing a suspended worker at heights:

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*Note: Attach training documentation / certifications of individuals listed as high angle rescuers to this fall protection plan.*

If worker is utilizing a fall arrest system will he/she be equipped with trauma straps / foot straps to eliminate the dangers of suspension trauma?

Yes	No
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Additional Notes:

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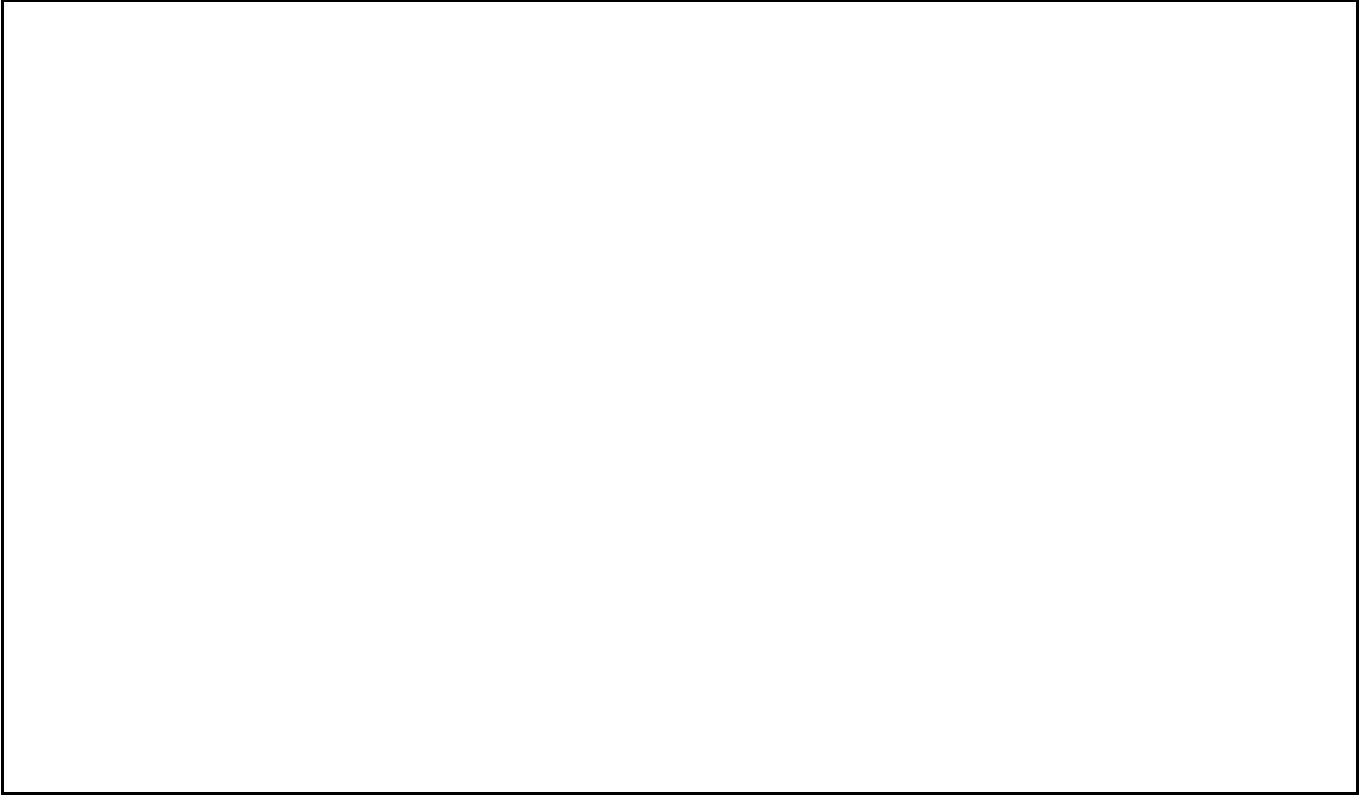
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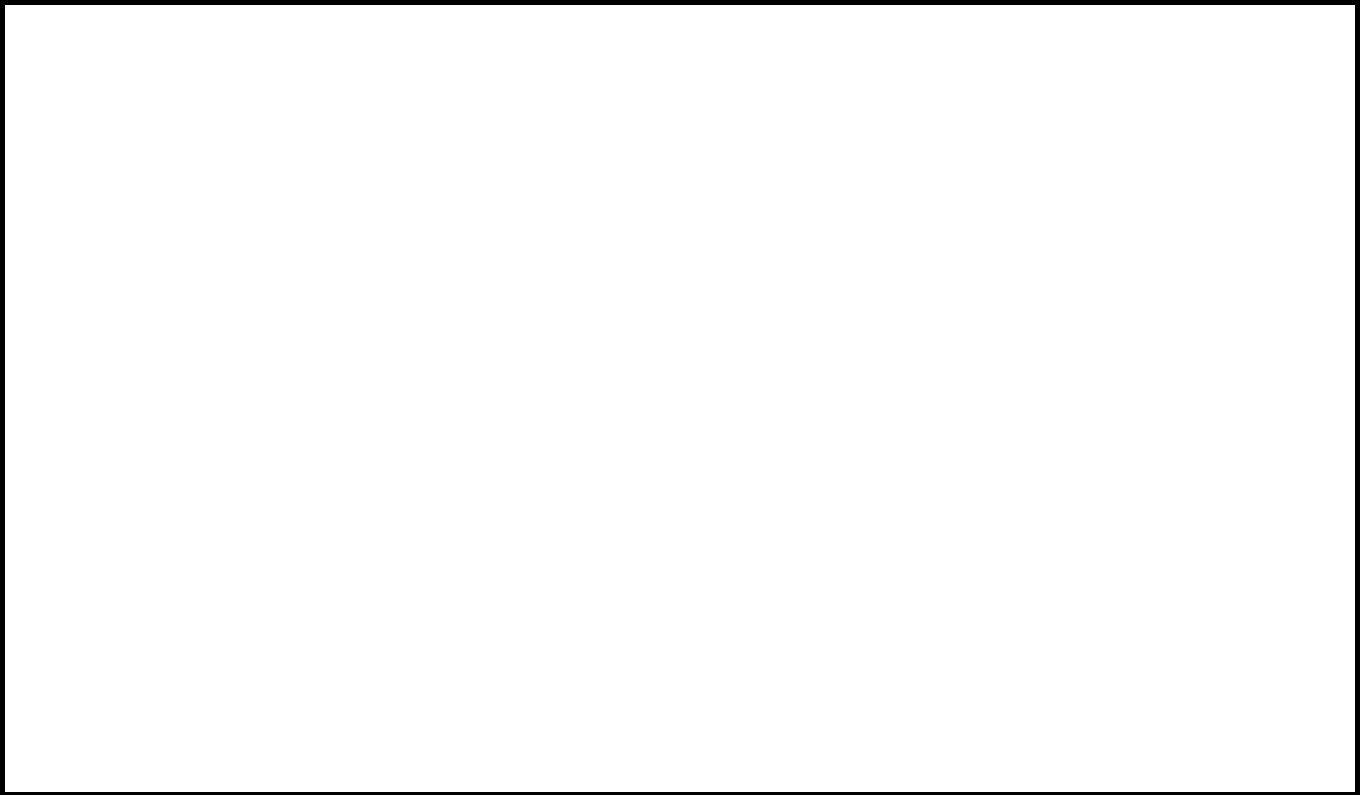
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**Complete the section below by placing a sketch of the work area and fall protection systems**

**Work area and fall protection systems (aerial view):**



**Work area and fall protection systems (side view):**



**Plan Approval (Signature Required)**

<hr/>	<hr/>	Date: <hr/>
<b>Plan Author</b> (printed)	Signature	

<hr/>	<hr/>	Date: <hr/>
<b>Competent Person(s)</b> (printed)	Signature	

**Plan Review (Signature Required)**

<hr/>	<hr/>	Date: <hr/>
<b>PSO/PSM</b> (printed)	Signature	

<hr/>	<hr/>	Date: <hr/>
<b>SSR</b> (printed)	Signature	