Centennial Fall Protection Work Plan

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CENTENNIAL
A BILFINGER COMPANY

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

- 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)

	Yes	No		Yes	No
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?

**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

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

Have Anchor point(s) been inspected? Yes / No

- *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.):

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

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?

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

Rescue Equipment:	Staging & Implementation

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

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

List communications with emergency responders below. Include date / time / conversation details:

Obstructions present preventing rescue of a suspended worker? Yes No

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

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

If applicable, list the names of the individuals that are responsible for rescuing a suspended worker at heights:

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

Additional Notes:

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)

Plan Author (printed) _____ Signature _____ Date: _____

Qualified Person(s) (printed) _____ Signature _____ Date: _____

Plan Review (Signature Required)

Competent Person(s) (printed) _____ Signature _____ Date: _____

Centennial Representative (printed) _____ Signature _____ Date: _____

HSEQ Team Representative (printed) _____ Signature _____ Date: _____

SSR (printed) _____ Signature _____ Date: _____