

## **ACT, Inc Fall Protection Program**

Act, Inc complies with the Federal Regulations which applies to employees who are exposed to a hazard of falling from a location 6 feet or more in height, an appropriate fall protection program is in place to ensure that fall arrest or restraint systems are used to safeguard the exposed persons from serious injury or death.

A written Fall Protection Work Plan is required for all construction, demolition, maintenance, and repair work, including painting and decorating. This includes vehicles which elevate personnel. Written protection plans are not required, but are recommended for other settings where fall protection is warranted. Written plans are not required where permanent guardrail systems are in place and are the only fall protection required.

### **A. Responsibilities**

It is the responsibility of Billy Melton to ensure that fall protection plans are available for areas under her or his purview. He or she shall also ensure that appropriate fall arrest and/or restraint equipment is available, that staff is trained, and that compliance with fall protection procedures is enforced.

Persons responsible for other employees or students, including faculty or supervisors, shall be responsible to the chair, department head, or director for preparing plans and implementing the fall protection program for employees or students and work under their purview.

All employees shall comply with the written fall protection procedures.

The Environmental Health and Safety staff shall be responsible for providing and updating University-wide procedures and assisting departments with implementation of the program. Contact the staff for assistance in training or equipment evaluation.

### **B. Fall Protection Work Plan**

The fall protection work plan described in this document shall consist of the following items, in accordance with Federal regulations. The fall protection plan shall be available on the work site for inspection.

- Identification of all fall hazards in the work area.
- Description of the method of fall arrest (catch a person if falling) or restraint (prevent a person from falling).
- Description of the correct procedures for assembly, maintenance, inspection, and disassembly of the fall protection system to be used.
- Description of the correct procedures for handling, storing, and securing tools and materials.

- Description of the method of providing overhead protection for workers, students, or visitors who may be in or pass through the work area.
- Description of the method of prompt, safe removal of injured workers.

### **C. Training**

Prior to allowing employees or students to work in areas where fall hazards exist, they shall be trained and instructed in the fall protection plan. Training shall be documented and available. As described above, it is available from the Environmental Health and Safety office.

### **D. Inspection**

Prior to use, the fall protection devices and systems are to be inspected to ensure they meet requirements and are functioning properly. A competent person as defined in WAC 296-155-012(4), capable of identifying hazards and having the authority to take prompt, corrective action, shall inspect.

### **E. Planning**

Each fall protection system is to be planned before it is put into use. Suitable anchorage points must be evaluated, if included. If anchorage points must be installed immediately prior to use, a registered professional engineer with experience in designing fall protection systems, or another qualified person with appropriate education and experience should design them. If anchor points are devised from existing structures, a qualified person must evaluate such anchor points.

### **F. Records**

A copy of each fall protection plan is filed in our office. A copy is kept on-site during all work performed.

## **Fall Protection Work Plan**

### **PROCEDURE:**

Provide written documentation as indicated below.

Inspect equipment prior to use.

Train all employees as required. Inform contractors.

**Keep plan on-site during work duration.**

Specific Work Area: \_\_\_\_\_  
Work Description: \_\_\_\_\_  
Work order Number: \_\_\_\_\_  
Department: \_\_\_\_\_  
Prepared by: \_\_\_\_\_  
Date Prepared: \_\_\_\_\_  
Duration of Work: \_\_\_\_\_ to \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
Date reviewed: \_\_\_\_\_

**Identify Fall Hazards**

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**Fall Restraint:**

Guardrails, Safety belts or harness attached to rigged restraint lines,  
Warning line system for a low pitch (4 in 12 or less) roof -  
Barrier and safety monitor near edge. Prohibited on steep roofs.

**Fall Arrest:**

Full body harness (Class III), horizontal/vertical lines, lanyards  
Safety nets  
Catch platform installed within 10 vertical ft. of the work area

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Monitor Name: \_\_\_\_\_  
Training in Monitoring: \_\_\_\_\_

**Describe The Correct Procedures For Assembly And Disassembly Of The Fall Protection System:**

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**Describe The Correct Procedures For Maintenance Of The Fall Protection System:**

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**Describe The Correct Procedures For Inspection Of The Fall Protection System:**

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**Describe The Correct Procedures For Handling, Storing, And Securing Tools And Materials:**

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**Describe The Method Of Providing Overhead Protection For Persons Who May Be In Or Pass Through The Work Area:**

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**Emergency Response/Injured Person Removal and Assistance:**

- Call 911 from an accessible telephone.
- Stay at the site until emergency assistance arrives. Provide first aid as possible and necessary.
- Do not attempt to move or remove an injured worker unless it can be done safely.
- After any job-related accident, file an accident report available from your supervisor.

**Describe Specific Emergency Response Procedures (Optional)**

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# Fall Protection Work Plan Attachment

## PROCEDURE:

- Document each date the fall protection plan is used.
- Review the plan and ensure it is correct.
- Inspect equipment prior to use and check box
- Inform contractors if required and check box or indicate Not Applicable (NA)
- Train all employees as required before plan is used and list names.

## Keep plan on-site during work duration and check appropriate boxes

Print the name of the supervisor reviewing this plan and initial that the plan is implemented correctly.

Reference the fall protection work plan for:

Specific Work Area: \_\_\_\_\_

Work Description: \_\_\_\_\_

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

Plan Reviewed by (print name): \_\_\_\_\_

Check the following items:

- Equipment Inspected
- Contractor(s) Informed
- Fall Protection Plan on-site

Employees who will be working under the fall protection plan:

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

Name of person (supervisor) preparing attachment (print):

\_\_\_\_\_

Initials of above person: \_\_\_\_\_