



Train. Protect. Prevent.

FALL PROTECTION SAFETY PLAN

There are many Federal, State, and Local regulations that apply to fall protection. Fall protection is regulated by OSHA, ANSI, and CSA.

OSHA's regulations require that employees who work at heights (6 feet in construction and 4 feet in any industry) must be trained on fall protection safety. These standards cover working surfaces such as scaffolding, ladders, powered platforms, confined spaces, and the use of personal fall arrest systems.

All industries are required to have a written fall protection safety policy program in place that includes an administrative package, training procedures, safety policy, and forms.

When developing a plan for fall protection consider the following items:



- Inspect the fall protection equipment in detail before use.
- Check the area for fall hazards such as floor openings, shafts, roof openings, and edges.
- Use fall protection equipment that is proper for each specific task.
- Identify any fall hazards before work starts.
- Follow good housekeeping practices at your workplace.
- Provide a guard rail around open sided runways or floors.
- If there is any fall hazard, regardless of height, that involves machines or equipment guard rails must be present.
- Safety nets, safety harnesses, and lines must be used if needed.
- There must be a company fall protection plan.
- Create an alternative fall protection plan for residential construction and precast concrete.
- Develop site specific fall protection plans.
- Develop site rescue plan.
- Employees must be trained on the hazards of falls and the company fall prevention plan.
- Designate fall protection trainers.
- Certify employees to use fall protection.
- Have refresher training for employees, when necessary.
- Maintain a fall incident log, hazard analysis form, fall protection plan, and PPE inspection form.

What types of fall protection hazards are present at your workplace? How do you make sure to avoid them?

Work Site Review: Hazards/Safety Suggestions

Company Name: _____ Work Site Location: _____
 Date: _____ Start Time: _____ Finish Time: _____ Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

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