|  |  |  |  |
| --- | --- | --- | --- |
| Project: |       | Dates Valid: |       |
| Completed By:  |       | Phone:  |       |

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| --- |
| **Note:** All affected employees will review all the requirements of this fall protection work plan prior to starting any work requiring fall protection. This plan will be maintained at the jobsite during work activities. Affected employees must also have current training in accordance with Section 2.5 of Haskell’s Health & Safety Manual, prior to performing work covered by this plan. |

|  |
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| Work/Task Description: *(include tools required)* |
|       |

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| --- | --- | --- | --- | --- |
| Is there a hazard of falling more than 6 feet, while performing this task? | [ ]  | Yes | [ ]  | No |
| Can this work/task be relocated, to eliminate the employee fall hazard? | [ ]  | Yes | [ ]  | No |

|  |  |
| --- | --- |
|  | Location/Structure:      |
| Working Surface Details:*Check all that apply.* | Height:      |
| [ ]  Roof | [ ]  Perimeter/Leading edge  | [ ]  Floor/Wall openings |
| [ ]  Scaffolding | [ ]  Steel Structure | [ ]  Mobile Equipment |
| [ ]  Other (describe):       |
| Work will be accessed by:*Check all that apply.* |
| [ ]  Ladder | [ ]  Scaffold | [ ]  Mobile Equipment |
| [ ]  Other (describe):       |
|  | Method(s) of fall protection to be provided: *Check all that apply.* |
| [ ]  Fall restraint | [ ]  Guardrails | [ ]  Warning line |
| [ ]  Fall arrest | [ ]  Catch platform | [ ]  Safety monitor |
| [ ]  Other (describe):       |
|  | Specific Fall Protection Equipment: |
| Manufacturer:       | Style/Model:       |
| Type:       | Capacity:       |
| Special Requirements:       |
|  | Describe the method used to determine the adequacy of attachment points: *Check all that apply.* |
| [ ]  Manufacturer’s data | [ ]  Existing engineering/design documents |
| [ ]  Evaluation by qualified engineer | [ ]  Good faith assessment |
| [ ]  Other (describe):       |
|  | Describe the procedure for assembly, maintenance, inspection, and disassembly of the fall protection system to be used:  |
|       |
|  | Describe the correct procedure for handling, storage, and securing of tools and materials:  |
|       |
|  | Describe the method of providing overhead protection for workers who may be in, or pass through, the area below the work site: *Check all that apply.* |
| [ ]  Barricading | [ ]  Toe boards on scaffolds and floor openings |
| [ ]  Hard hats required | [ ]  Warning signs |
| [ ]  Other (describe):       |
|  | Identify all affected employees: |
|

|  |
| --- |
| Designated Monitor:       |
| Affected Employees: |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

 |
|  | Special Conditions: |
|  |

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Approved By:  | Date:  |
| **Post-Fall Emergency Rescue Plan** |
|  | Emergency Notification & Contact Numbers:  |
| Immediately | [ ]  Onsite Rescue Team  | Phone:       |
| Within FIVE minutes\* | [ ]  Emergency Responders | Phone: 9-1-1 |
| Within 1 hour | [ ]  Haskell Safety Manager  | Phone:       |
|  |
|  | Communication Method: *Check all that apply.* |
| [ ]  Direct Voice | [ ]  Mobile Phone or Radio |
| [ ]  Whistle/Horn | [ ]  Hand Signals |
| [ ]  Other (describe):       |
|  | Describe any obstructions or obstacles to reaching the worker:  |
|       |
|  | Describe the method for accessing injured workers: *Check all that apply.* |
| [ ]  Utilize Portable Rescue ladders | [ ]  Utilize man-lift/Scissor-lift |
| [ ]  Utilize Fixed Ladders/Stairs | [ ]  Utilize Drop Lines or Retraction Devices |
| [ ]  Utilize Existing Tagged Scaffolds | [ ]  Utilize other personnel lift or platform |
| [ ]  Other (describe):       |
|  | Specific Post-Fall Rescue Equipment: |
| Manufacturer:       | Style/Model:       |
| Type:       | Capacity:       |
| Special Requirements:       |
|  | Identify Rescue Team Members: *Include copies of training records.* |
|

|  |
| --- |
| Rescue Team Supervisor:      |
| Retrieval Team: |
|       |       |
|       |       |
| Ground Receiving Team: |
|       |       |
|       |       |

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| **Post-Fall Emergency Rescue Plan** |
| This Rescue Plan is designed to address the potential need for the rapid recovery of a suspended worker, following an unexpected fall event. Optimal Recovery options will ensure that the worker is relieved from suspension-trauma risk and placed in a secure position within **five minutes**. |
|  |
| **Pre-Fall Planning** |
|  | Employees will receive adequate training and knowledge in the potential fall hazards associated with this work, the proper use of the available rescue equipment, the purpose of this plan, and their duties/responsibilities during/after an unexpected fall event. |
| **Moment of Fall & Fall Suspension** |
|  | Affected employees will recognize the potential for significant physical trauma associated with a fall event, the need to reposition the suspended worker (or self), and how to summon assistance. |
| **Post-Fall Rescue Effort** |
|  | \*Response Time is critical, as the suspended worker is at great risk of suffering from reduced blood flow, toxic shock, and even death – regardless of their visible injuries. |
| **Rescue Plan Steps:** |
|  | 1. Contact Rescue Supervisor/Team
 |
|  | 1. Deploy Rescue Retrieval Team and Equipment
 |
|  | 1. Assess/Stabilize fall victim in place
 |
|  | 1. Effect a complete recovery
 |
|  | 1. Re-Assess/Stabilize fall victim
 |
|  | 1. Evaluate the effectiveness of the Rescue Operation
 |