

FALL PROTECTION PLAN DETAILS

Project: _____
 Contractor: _____
 Location: _____

Date: _____
 Effective: _____
 Expires: _____

COMPETENT PERSON DESIGNATION

The following individual is designated as the Fall Protection Competent Person for this project, capable of identifying existing and predictable fall hazards and authorized to take prompt corrective action:

Name: _____
 Title: _____

Certification: _____
 Phone: _____

FALL PROTECTION TRIGGER HEIGHTS

General trigger height for this jurisdiction (California): 7.5 feet (T8 CCR 1670(a))

Activity / Location	Trigger Height	Citation	Protection Method
General construction (unprot	7.5 feet	T8 CCR 1670(a)	Guardrail, safety net, or personal fall arrest system
Leading edge work	7.5 feet	29 CFR 1926.501(b)(2)	Guardrail, safety net, or PFAS
Formwork and rebar	7.5 feet	29 CFR 1926.501(b)(5)	PFAS, safety net, or positioning device
Excavation edges (not readil	7.5 feet	29 CFR 1926.501(b)(7)	Guardrail, fence, or barricade

FALL ARREST SYSTEM SPECIFICATIONS

- maximum arresting force of 1,800 pounds with body harness (29 CFR 1926.502(d)(16)(ii))
- max arresting force 1,800 lbs with body harness (29 CFR 1926.502(d)(16)(ii))

FALL PROTECTION SYSTEMS INVENTORY

Check all systems available for this project:

System	Citation	Specification	On Site
Guardrail System	29 CFR 1926.502(b)	42 in. top rail, 21 in. mid rail, 200 lb top rail capacity	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Personal Fall Arrest System	29 CFR 1926.502(d)	Full body harness + shock-absorbing lanyard or SRL	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Positioning Device System	29 CFR 1926.502(e)	Body harness rigged to allow work on vertical surface	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Safety Net System	29 CFR 1926.502(c)	Installed per ANSI/ASSP Z359	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Warning Line System	29 CFR 1926.502(f)	Minimum 7.5 feet from roof edge (low-slope only)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Controlled Access Zone	29 CFR 1926.502(g)	Restricted area, leading edge or overhand bricklaying	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Fall Restraint System	29 CFR 1926.502 / T8 CCR 1670(a)	Prevents worker from reaching fall edge	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

EQUIPMENT INSPECTION SCHEDULE

Fall protection equipment is inspected semi-annually by a competent person (Cal/OSHA Title 8), plus before each use by the worker.

Equipment	Pre-Use	Periodic	Inspector	Last / Next
Full body harnesses	Each use	Semi-annually	Competent Person	
Lanyards / SRLs	Each use	Semi-annually	Competent Person	
Anchor points / connectors	Each use	Per project	Competent Person	
Guardrail systems	Daily	Weekly	Competent Person	
Safety nets	Daily	Weekly	Competent Person	
Connecting hardware (carabiners, D-rings)	Each use	Semi-annually	User + CP	

FALL PROTECTION TRAINING

Reference: 29 CFR 1926.503 / T8 CCR 1670

All employees exposed to fall hazards receive training before working at height. Training covers:

- Hazard recognition and fall hazard assessment
- Proper use, inspection, and maintenance of fall protection equipment
- Anchor point selection and evaluation (5,000 lb capacity or 2:1 safety factor)
- Limitations of fall protection systems
- Company fall protection policies and site-specific requirements
- Self-rescue and assisted rescue procedures
- Suspension trauma (orthostatic intolerance) awareness and prevention
- Cal/OSHA fall protection requirements (T8 CCR 1670)

Worker Training Record

#	Worker Name	Date	Instructor	Hours	Cert Expires	Signature
1						
2						
3						
4						
5						
6						
7						
8						

FALL RESCUE PLAN

Reference: 29 CFR 1926.502(d)(20) - Rescue provisions required

Rescue of a fallen worker must begin within minutes to prevent suspension trauma. The following procedure applies:

1. Call 911 and activate company emergency notification.
2. Assess scene for additional fall hazards before rescue attempt.
3. Maintain verbal contact with suspended worker. Monitor for suspension trauma symptoms.
4. Deploy pre-planned rescue: mechanical retrieval device, aerial lift, or ladder access.
5. If worker is unconscious or showing signs of suspension trauma, prioritize rapid rescue.
6. Once rescued, place worker flat and provide first aid. Do NOT elevate legs of suspension trauma victim.
7. Transport to medical facility. Inform medical staff of suspension duration.
8. Secure scene. Preserve equipment for investigation. Do not alter anchor point or system.
9. Complete Incident Investigation Form. Review and update this plan.

Rescue Equipment On Site

- Rescue retrieval device (mechanical winch) or self-rescue system
- Additional rescue harnesses and lanyards
- First aid supplies and emergency medical kit
- Emergency communication (radio / phone)
- Ladder or aerial lift for rescue access
- Trained rescue personnel (minimum 2 per shift)

EMERGENCY CONTACTS

Service	Number	Contact / Notes
Emergency Services	911	Fire / Medical / Police
Cal/OSHA	(800) 321-6742	Serious injury reporting
Nearest Hospital		
Company Emergency	(555) 123-4567	Guy's Construction
Competent Person		

PLAN APPROVAL

This Fall Protection Plan is reviewed and updated: when work conditions change, after any fall incident or near-miss, when new work phases begin, when equipment changes, or at the request of regulatory authorities.

Competent Person	Signature: _____	Date: _____
Safety Manager / Superintendent	Signature: _____	Date: _____
Project Manager	Signature: _____	Date: _____
Company Principal	Signature: _____	Date: _____