



Site-Specific Fall Protection Plan

ALL-HSE-FRM-2016

PART A GENERAL INFORMATION

Date: <i>mm / dd / yyyy</i>	Job Location:	<input type="checkbox"/> Sweet <input type="checkbox"/> Sour
Permit Number(s):	Work Description:	
Prepared By:		
Estimated Fall Distance: meters	Clearance Distance Sufficient: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>See page 2 for the clearance distance calculation</i>

PART B FALL HAZARDS

Indicate the fall hazards identified from the hazard assessment and job discussion:

PART C FALL PROTECTION SYSTEM REQUIREMENTS

<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> Anchor Sling	<input type="checkbox"/> Lanyard	<input type="checkbox"/> Shock-Absorbing Lanyard
<input type="checkbox"/> Permanent Anchor Point	<input type="checkbox"/> Temporary Anchor Point	<input type="checkbox"/> Temporary Horizontal Lifeline	<input type="checkbox"/> Permanent Horizontal Lifeline
<input type="checkbox"/> Vertical Lifeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART D ANCHOR POINTS

Indicate anchor points being used:

PART E PRECAUTIONS AND SAFEGUARDS

<input type="checkbox"/> Verify that all workers are trained in fall protection	<input type="checkbox"/> Buddy check full body harnesses and lanyards
<input type="checkbox"/> Review suspension trauma	<input type="checkbox"/> All snap hooks and carabiners inspected
<input type="checkbox"/> Review procedures to be followed	<input type="checkbox"/> Anchor point(s) and slings inspected
<input type="checkbox"/> Swing radius checked for hazards	<input type="checkbox"/> Lifeline installation inspected
<input type="checkbox"/> Fall or clearance distance calculated (allow for stretch)	<input type="checkbox"/> Safety Watch or Signal Person
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

PART F SYSTEM PROCEDURES

Procedures to assemble, maintain, inspect, use and disassemble the system:

PART G EMERGENCY RESPONSE

Describe the emergency response and rescue procedures:

PART H PERSONNEL

WORKERS			RESCUE TEAM		
NAME	INIT	COMPANY	NAME	INIT	COMPANY

PART I SIGN-OFF

This form has been prepared based on the requirements of the CPC Fall Protection Procedure.

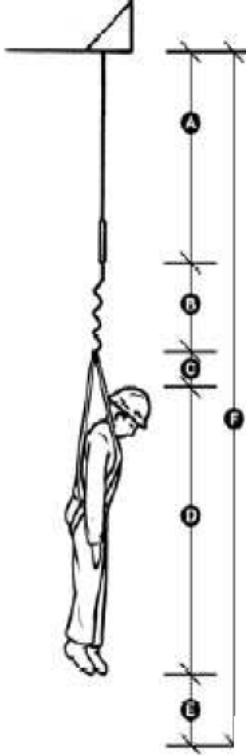
PJHA Issuer: _____ PJHA Receiver: _____

SIGNATURE SIGNATURE



CLEARANCE DISTANCE CALCULATION

Complete the following clearance distance calculation and enter into Section A on Page 1:



EXAMPLE

ACTUAL

Example Assumptions: The worker is 1.8 m (6 ft.) tall using a 1.8 m (6 ft.) long lanyard. The combined weight of the worker, clothing, and tool belt is at least 100 kg (200 lbs.).

<p>A Length of Lanyard – 1.8 m (6 ft.)</p> <p>B 1.1 m (3.5 ft.) due to shock absorber pulling apart</p> <p>C Harness stretch plus D-ring sliding – 0.45 m (1.5 ft.)</p> <p>D Height of worker – 1.8 m (6 ft.)</p> <p>E Safety factor – clearance below feet of 0.9 m (3 ft.)</p> <p>F A + B + C + D + E Overall minimum clearance is 6.0 m (20 ft.)</p>	<p>A: _____</p> <p>B: _____</p> <p>C: _____</p> <p>D: _____</p> <p>E: _____</p> <p>F: _____</p>
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