

FALL PROTECTION WORK PERMIT

1. Specific Job/Review Information:

FPWP No.:

Control Document No.:

Job Description:

Cognizant Safety Manager Approval Date
(Approval valid up to one year from this date): _____

Building/Area: _____

REVIEWED BY:

Qualified Person (when required):

Print First and Last Name

Signature / Date

Safety Representative:

Print First and Last Name

Signature / Date

Competent Person:

Print First and Last Name

Signature / Date

Authorized User:

Print First and Last Name

Signature / Date

Cognizant Supervisor:

Print First and Last Name

Signature / Date

APPROVED BY COGNIZANT SAFETY MANAGER

Print First and Last Name

Signature / Date

2. Fall Hazards in the Work Area (Select the fall hazard(s) from the list below):

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. Aerial Lifts | <input type="checkbox"/> 2. Balconies | <input type="checkbox"/> 3. Caissons |
| <input type="checkbox"/> 4. Dangerous Equipment | <input type="checkbox"/> 5. Decks | <input type="checkbox"/> 6. Excavation Edges |
| <input type="checkbox"/> 7. Floor Openings | <input type="checkbox"/> 8. Ladders | <input type="checkbox"/> 9. Open-sided Floors |
| <input type="checkbox"/> 10. Perimeter/Leading Edge Work | <input type="checkbox"/> 11. Precast Concrete | <input type="checkbox"/> 12. Roof Openings |
| <input type="checkbox"/> 13. Roof > 4/12 Pitch | <input type="checkbox"/> 14. Roof ≤ 4/12 Pitch | <input type="checkbox"/> 15. Scaffold Erection/Disassembly |
| <input type="checkbox"/> 16. Scaffold (yellow tag) | <input type="checkbox"/> 17. Skylight Openings | <input type="checkbox"/> 18. Steel Erections |
| <input type="checkbox"/> 19. Wall Openings | <input type="checkbox"/> 20. Window Openings | |
| <input type="checkbox"/> 21. Other (specify): | | |

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3. Fall Protection Methods (Select fall protection method(s) from the list below for each hazard identified above):

- | | | |
|---|--|--|
| <input type="checkbox"/> a. CAZ | <input type="checkbox"/> b. Crane Anchorage | <input type="checkbox"/> c. CRAZ |
| <input type="checkbox"/> d. Cover or Hatch | <input type="checkbox"/> e. Designated Area | <input type="checkbox"/> f. Administrative Controls |
| <input type="checkbox"/> g. Fall Restraint System | <input type="checkbox"/> h. Guardrail Offset System | <input type="checkbox"/> i. Non-conforming Guardrail |
| <input type="checkbox"/> j. Personal Fall Arrest System | <input type="checkbox"/> k. PFAS w/Horizontal Lifeline | <input type="checkbox"/> l. PFAS w/Vertical Lifeline |
| <input type="checkbox"/> m. Safety Monitor | <input type="checkbox"/> n. Standard Guardrails | <input type="checkbox"/> o. Warning Line System |
| <input type="checkbox"/> p. Other (specify): _____ | | |

4. Fall Protection Controls:

| Hazard Type | Fall Protection Method | Location |
|-------------|------------------------|----------|
| | | |
| | | |
| | | |
| | | |

5. Overhead Hazard Protection Methods

(for each overhead hazard identified, specify the method(s) of protection for workers below):

- | | | |
|---|--|---|
| <input type="checkbox"/> a. Barricade to Control Access to Area | <input type="checkbox"/> b. Canopy Structure | <input type="checkbox"/> c. Debris Nets |
| <input type="checkbox"/> d. Hard Hats Required | <input type="checkbox"/> e. Overhead Hazard Signs | <input type="checkbox"/> f. Screens on Guardrails |
| <input type="checkbox"/> g. Toe Boards on Guardrails | <input type="checkbox"/> h. Other (specify): _____ | |

6. Fall Protection Systems:

6a. Guardrail System

(System Component List - lumber, pipe, wire rope, etc.)

Yes No

6b. Personal Fall Arrest System

(System Component List - anchorage, connector, lanyard, harness, etc.)

Yes No

Anchorage(s) Certified?

Yes No

Location of calculations and supporting documents:

Configuration and placement sketch attached?

Yes No

Anchorage above shoulder height?

Yes No

Other Instructions:

6c. Personal Fall Restraint System

(System Component List - anchorage, connector, lanyard, harness, etc.)

Yes No

Anchorage(s) Certified?

Yes No

Location of calculations and supporting documents:

Configuration and placement sketch attached?

Yes No

Other Instructions:

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6d. Covers or Hatches Yes No

Maximum intended load/vehicle axle weight: _____

Location of calculations and supporting documents: _____

Materials to Use: _____

Employee designated to secure hatch: _____

6e. Warning Line System: Yes No
(System Component List - rope, flagging, stanchions, etc.)

Configuration and placement sketch attached? Yes No

Fall Protection Spotter(s) *(optional)* Yes No

6f. Non-Conforming Guardrail: Yes No
(System Component List - rope, flagging, stanchions, etc.)

Configuration and placement sketch attached? Yes No

Fall Protection Spotter(s) *(optional)* Yes No

6g. Designated Area: Yes No
(System Component List - rope, flagging, stanchions, etc.)

Configuration and placement sketch attached? Yes No

Fall Protection Spotter(s) *(optional)* Yes No

6h. Controlled Access Zone: Yes No

Overhead Leading Edge Precast

Reason Conventional Fall Protection Not Used: _____

Methods taken to Reduce/Eliminate Fall Hazards: _____

Other Methods to provide safe working surface/reduce hazard of falling: _____

Configuration and placement sketch attached? Yes No

6i. Other Fall Protection System: Yes No
(description of how system is assembled, disassembled, operated, inspected, and maintained, including specifications for materials to be used in its construction)

6j. Administrative Controls and Justification: Yes No

Describe why conventional fall protection methods are not used: _____

Describe the administrative controls to be used: _____

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Provide justification that the administrative controls provide adequate fall protection:

7. Rescue Plan:

If an employee falls and is suspended from a PFAS, the Hanford Fire Department (HFD) Rescue Team shall be notified immediately by calling 911 or (509) 373-0911.

Other Instructions:

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8. Authorized Users of this FPWP or Control Document (both listed above):

Print First and Last Name

Signature / Date

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