**Department of Environmental Health & Safety**

**Occupational Health & Safety Office**

**321 Ryan Street,**

**Essex, Vermont 05452**

**Site-Specific Fall Protection Plan**

**Identifying Fall Hazards**

In accordance to OSHA regulations and industry best work practices, any time a UVM Personnel (employees (faculty/staff), students, and visitors, including contractors and consultants) is occupying or working exposed to unprotected sides or edges of a working surfaces of four (4) feet (1.2m) for General Industry (29 CFR 1910) application and six (6) feet (1.8m) for Construction Industry (29 CFR 1926) or more above a lower level, a fall hazard exists.

When a hazard can be eliminated, it is the employer’s obligation to do so either by changing procedures, redesigning the work environment, or using passive fall protection (e.g., guardrails, handrails, etc.). When this is not possible, use of a personal fall protection system such as restraint or fall arrest may be required.

**Applicable VOSHA Regulation:**

|  |  |
| --- | --- |
| * VOSHA 29 CFR 1910 Subpart D | * VOSHA 29 CFR 1926 Subpart L |
| * VOSHA 29 CFR 1910 Subpart I | * VOSHA 29 CFR 1926 Subpart M |
| * VOSHA 29 CFR 1910 Subpart F | * VOSHA 29 CFR 1926 Subpart X |
| * VOSHA 29 CFR 1910 Subpart R - 1910.268 |  |

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| **Project Number** | | | **Description** | | | | | | | | | | | |
| *Click here to enter text.* | | | *Click here to enter text.* | | | | | | | | | | | |
| **Department** | | | **Building/Location** | | | | | | | | | | | |
| *Click here to enter text.* | | | *Click here to enter text.* | | | | | | | | | | | |
| **Plan Prepared By** | | | | | | | |  | | | | | | |
| *Click here to enter text.*  Print Name | | | *Click here to enter text.*  Email | | | | | *Click here to enter text.*  Phone | | | | | | |
| **Plan Approved By** | | | | | | | | **Date:** | | | | | | |
| *Click here to enter text.*  Print Name | | | *Click here to enter text.*  Email | | | | | *Click here to enter text.*  Phone | | | | | | |
| **Project Details** | | | | | | | | | | | | | | |
| *Click here to select or enter a date.*  Start Date | | | | *Click here to select or enter a date.*  Estimated Completion Date | | | | | | | | | | |
| *Click here to enter text.*  Site Address | | | | | | | | | | | | | | |
| *Click here to enter text.*  Site Description/Work Area | | | | | | | | | | | | | | |
| *Click here to enter text.*  Tasks | | | | | | | | | | | | | | |
| **Designated Fall Protection Competent Person** | | | | | | | | | | | | | | |
| *Click here to enter text.*  Print Name | | | *Click here to enter text.*  Email | | | | | | | | *Click here to enter text.*  Phone | | | |
| **Site Specific Fall Hazards** | | | | | | | | | | | | | | |
| Roof or Elevated Surface 6ft. above ground or lower level | | | | | YES | | | | NO | | | | N/A | |
| Roof or Elevated Surface 4ft. above a hazard | | | | | YES | | | | NO | | | | N/A | |
| Unprotected sides and edges | | | | | YES | | | | NO | | | | N/A | |
| Unprotected opening (wall opening, hole, skylight, etc.) | | | | | YES | | | | NO | | | | N/A | |
| Roofing Work | | | | | YES | | | | NO | | | | N/A | |
| Roof Type | | | | | SLOPED | | | | FLAT | | | | N/A | |
| Roof Slope (if applicable): | | | | | *Click here to enter text.* (degrees or ratio) | | | | | | | | N/A | |
| Max. Working Height: | | | | | *Click here to enter text.* (feet) | | | | | | | | N/A | |
| Proximity to powerlines (if applicable): | | | | | *Click here to enter text.* (feet) | | | | | | | | N/A | |
| **Site Specific Fall Hazards** | | | | | | | | | | | | | | |
| Ladder Use | Aerial/Scissor Lift | | | Skylight | | | | | | *Click here to enter text.* | | | | |
| Wall Opening | Roof Opening | | | Falling Objects/ Debris | | | | | | *Click here to enter text.* | | | | |
| Elevator Shaft | Mobile Platform | | | Sharp Edges | | | | | | *Click here to enter text.* | | | | |
| Excavation/Trench | Floor Opening | | | Dangerous Equipment | | | | | | *Click here to enter text.* | | | | |
| Stairways | Scaffold | | | Other (specify) | | | | | | *Click here to enter text.* | | | | |
| Describe Other Identified Fall Hazards:  *Click here to enter text.* | | | | | | | | | | | | | | |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |
| **Type of Engineering Controls Used** | | | | | | | | | | | | | | |
| Guardrail System | Skylight Guards, Screens | | | Covers | | | | | | *Click here to enter text.* | | | | |
| Toeboards | Safety Net System | | | Catch Net | | | | | | *Click here to enter text.* | | | | |
| Barricades | Warning Signs | | | Other (specify) | | | | | | *Click here to enter text.* | | | | |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |
| **Type of Personal Protective Equipment Used** | | | | | | | | | | | | | | |
| Fall Restraint | Fall Arrest | | | Full Body Harness | | | | | | Other (specify) | | | | |
| Vertical Lifeline | Lanyards | | | Rope Grab | | | | | | *Click here to enter text.* | | | | |
| Horizontal Lifeline | Decelerating Device | | | Anchors | | | | | | *Click here to enter text.* | | | | |
| Hard Hats | Eye Protection/ Safety Glasses | | | Gloves (specify) *Click here to enter text.* | | | | | | *Click here to enter text.* | | | | |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |
| **Designated Work Area and Controlled Access Zone** | | | | | | | | | | | | | | |
| Warning Line System | | Safety Monitor(s) Assigned | | | | *Click here to enter text.* | | | | | | | | |
| Temporary Guardrail System | | Toeboards | | | | *Click here to enter text.* | | | | | | | | |
| Signage | | Other (Specific Below) | | | | *Click here to enter text.* | | | | | | | | |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |
| **Prior to Accessing Work Area** | | | | | | | | | | | | | | |
| Occupant Notification Sent | | | | | | | YES | | | | | NO | | N/A |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |
| Equipment Checklist(s) Completed (*Appendix B*) | | | | | | | YES | | | | | NO | | N/A |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |
| PPE Available | | | | | | | YES | | | | | NO | | N/A |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |
| First Aid Attendant/Facilities/Equipment | | | | | | | YES | | | | | NO | | N/A |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |
| Barricades in Place | | | | | | | YES | | | | | NO | | N/A |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |
| Rescue Plan | | | | | | | YES | | | | | NO | | N/A |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |
| Other (specify) | | | | | | | YES | | | | | NO | | N/A |
| Comments:  *Click here to enter text.* | | | | | | | | | | | | | | |

**Provide Diagram or Attach Site Plan indicating fall hazard locations, anchor point locations, and other important information pertaining to fall protection**

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| --- | --- |
| **Project Number** | **Description** |
| *Click here to enter text.* | *Click here to enter text.* |
| **Department** | **Building/Location** |
| *Click here to enter text.* | *Click here to enter text.* |

**EMERGENCY AND ASSISTANCE - POST FALL RESCUE & EMERGENCY TELEPHONE NUMBERS**

**No work will be performed where an emergency cannot be immediately observed and/or prompt rescue assistance summoned.**

**A rescue plan shall be in place prior to beginning any work where a fall hazard exists. The rescue plan must be well thought out and documented in the “Job Specific Emergency Action Plan” (*Appendix A*). All individuals involved must thoroughly understand the rescue plan. Prompt rescue will be provided for personnel who have fallen.**

**FIRE – POLICE – RESCUE – EMERGENCY MEDICAL SERVICE**………. **9-1-1**

If you dial 911 from ANY phone, it will now be answered by a State of Vermont e911 dispatcher. Tell them you are at University of Vermont! Provide them with your building address, building name and lab room number as well as the details of your emergency.

CALL IMMEDIATELY FOR ANY EMERGENCY

INCLUDING CHEMICAL SPILL, FIRE, INJURED,

TRAPPED, OR SICK PERSON.

**UVM POLICE SERVICES**…………………………………………… (**802) 656-3473**

**FIRE – POLICE – RESCUE – EMERGENCY MEDICAL SERVICE**

CALL IMMEDIATELY FOR ANY EMERGENCY

INCLUDING CHEMICAL SPILL, FIRE, INJURED,

TRAPPED OR SICK PERSON.

Department of Environmental Health and Safety…………………………………. (802) 656-7233

Occupational Health and Safety Office

Service Operations Support………………………………………………………. (802) 656-2560

(Physical Plant Department, Chemical cleanup, disposal and storage)

Department of Risk Management………………………………………………… (802) 656-3242

(Accident investigations, insurance services)

Champlain Medical Urgent Care…………………………………………………. (802) 448-9370

**EMERGENCY and RESCUE PLAN**

Workers cannot stay suspended for long and are at risk of reduced blood flow, oxygen deprivation, brain damage, cardiac arrest and death. According to the American National Standards Institute (ANSI) Standard Z359, rescue should be completed within six (6) minutes of a fall arrest. All workers using fall arrest systems must be monitored and promptly rescued in the event of a fall. In addition to rescue equipment available onsite, use of self-rescue devices are recommended.

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| --- | --- | --- | --- | --- |
| **Prior to Accessing Work Area** | | | | |
| Fall Arrest Rescue Equipment Onsite | | YES | NO | N/A |
| Ladder | Rescue Pole | Rescue Rope | | |
| Rescue Winch | Crane | Aerial Lift | | |
| Scaffold | Self-Rescue Device(s) | Other (specify) | | |
| Comments:  *Click here to enter text.* | | | | |
| Safety Monitor Onsite | | YES | NO | N/A |
| Comments:  *Click here to enter text.* | | | | |
| Adequately Trained Rescue Personnel Onsite | | YES | NO | N/A |
| Comments:  *Click here to enter text.* | | | | |
| Other Rescue Procedures | | YES | NO | N/A |
| Comments:  *Click here to enter text.* | | | | |

**Worker Sign-Off**

**I acknowledge that I have reviewed the fall protection requirements and procedures for this site with my supervisor and understand my responsibilities, specifically the requirement to use personal fall protection.**

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| **Project Number** | **Description** | | |
| *Click here to enter text.* | *Click here to enter text.* | | |
| **Date** | | | |
| *Click here to enter text.* | | | |
| **Worker Name (please print)** | | **Signature** | |
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| **Site Supervisor/Manager/Designated Fall Protection Competent Person:** | | | **Date:** |
| *Click here to enter text.*  Print Name | *Click here to enter text.*  Email | | *Click here to enter text.*  Phone |