| **Company Name**: | **Project Location**: | |
| --- | --- | --- |
| **Estimated Start Date**: | **Estimated End Date**: | |
| **Work Order** #:  **Project or Job Title**: | | |
| **Leidos Biomed Construction Administrator**: | **Phone**: | |
| **Leidos Biomed EHS Safety Officer or POC**: | **Phone**: | |
| **Note: Workers must review the requirements of the elevated work safety plan prior to starting work. The plan must be available at the job site during work activities that require the use of fall protection.** | | |
| **Qualified Person Name**:  **Phone**: | **Competent Person Name**:  **Phone**: | |
| **Authorized Person Name**: | | Fall Protection Training Date: |
| **Authorized Person Name**: | | Fall Protection Training Date: |
| **Authorized Person Name**: | | Fall Protection Training Date: |
| **Authorized Person Name**: | | Fall Protection Training Date: |
| **Emergency Communication Method between workers: In case of emergency dial 911**  Phones  Radio  Other (describe in detail): | | |

| **Scope of work**: |
| --- |

| **Identify potential fall hazards. Check all that apply:** | |
| --- | --- |
| Roof Structure Assessment | Slippery when wet |
| Stairways | Work involves cutting hole in roof |
| Ladders | Covered holes |
| Skylights | Roof is flat or less than a 4 in 12 slope |
| Scaffold erection / dismantling | Work will be 6 feet or less from roof edge |
| Steel erection | Leading edge |
| Work involves removing roof mounted equipment | Removed equipment will leave a hole in roof |
| Open holes | \*\*Other fall hazard (describe below): |
| Slope is greater than 4 in 12 |  |
| \*\***Description of other potential fall hazards:** | |
| **Describe all steps for providing fall protection**: | |

| **Provide a sketch of the project area. Include details such as roof outline, north direction, designated safe areas where fall protection is not required, "no access zones," skylights, openings, access areas, material landing areas, warning lines, anchor points, etc.**: | | |
| --- | --- | --- |
| **Method of fall protection to be provided: (check all that apply):** | | |
| Guardrails | | Fall Restraint |
| Safety Netting | | Warning Line |
| Fall Arrest Equipment | | Safety Monitor |
| Temporary anchor points (attach calculations if not standard approved structural sections) | | |
| Horizontal lifelines (If this is checked, attach calculations by a qualified person.) | | |
| **List fall protection components to be used**: | | |
|  | | |
| **For Personal Fall Arrest Systems these factors need to be taken in account:** | | |
| Is there adequate Fall Clearance in case of a fall?  Yes  No | Have all hazards in case of a fall been mitigated?  Yes  No | |
| Is there a chance of a swing fall hazard?  Yes  No | How far will the employee fall before he is arrested?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **If any fall arrest systems factors are answered ‘No,’ explain why they can’t be mitigated**: | | |
|  | | |
| **Describe the method used to determine the adequacy of attachment points:** | | |
| Manufacturer's data | | Existing engineering/design documents |
| Evaluation by qualified person | | Others (describe in detail ): |
| \* Qualified person as defined in OSHA | | |
|  | | |
| **Method of providing overhead protection for workers who may be in, or pass through, the area below the worksite:** | | |
| Barricading | | Hard hats required |
| Netting | | Toe boards on roof openings |
| Warning signs | | Other methods (describe below) |
| **Describe in detail below, the methods of providing overhead protection:** | | |
|  | | |

| **Method for prompt and safe removal of injured workers:** | | | | |
| --- | --- | --- | --- | --- |
| Initiate emergency response (911) | | Use ladders | | |
| Utilize scaffolds | | Utilize lift truck or personnel platform | | |
| Use drop lines or retraction devices | | Other (describe in detail below): | | |
| **Describe the method of safe removal of injured worker**: | | | | |
|  | |  | | |
| **Method of providing safe access to worksite:** | | | | |
| Ladders | Man lift | | Hatch | |
| Stairs | Other: | | | |
| **Describe how access to the work area will be accomplished.** | | | | |
|  | | | | |
| **For roofing work only: Identify the safety monitor(s) if used per OSHA 29CFR1926-Subpart M (Fall Protection).** | | | | |
| **Safety monitors name:** | | **Safety monitors name:** | | |
|  | | | | |
| **If normal fall control measures do not fit this work (e.g., leading edge work, precast concrete work) describe the fall plan to address these issues below. Attach all supporting paper work.** | | | | |
|  | | | | |
| **Name and signature of person who filled out plan**: | | | | **Date**: |
| ***By signing this Plan, the prepare is certifying that the information provided is true, and that any change in the conditions described in this Plan or inadequacies found for protecting employees during elevated work may require a revision to this Plan.*** | | | | |
| **Plan review by Leidos Biomed personnel** | | | | |
| **FME CA Signature**: | | | | **Date**: |
| **EHS SO or POC Signature**: | | | | **Date**: |