**FALL PROTECTION TASK PLAN**

**Date:**

**€ Engineering Controls € Fall Restraint Systems € Personal Fall Protection**

**The Fall Protection Permit is for (specific location):**

**Prepared By:** Jonathan Rubin  **Implemented By:**

**Monitored By:**  **Approved By:** Fry Kreitenberg

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**Specific Task Description:**  **Workers will be working from a scissor lift to install overhead .**

**Fall Protection System to be used:** (Check which applies) **Anchor Point**

**[ ] P.F.A. System** [ ] € Hole Covers € Horizontal System ***Established***

€ Harness € Barricade € Vertical System € Yes € No

€ Lanyard € Yellow Caution Tape € Safety Net System ***Rated for***

€ Retractable € Red Danger Tape € \*Controlled Access Zone € One Man Use (5000lbs)

€ Position Hook € Guard Railing € \*Safety Monitored System € Two Man Use (10,000lbs)

\*Notes systems which require a specific written fall protection plan and approval.

**Identify means for protection here, if not listed:**

**Explain how Fall Protection System will be used: Worker will use beam clamps, use of a choker, a retractable lanyard will be attached. Worker will use a personal fall protection harness.**

**Personnel Been Trained:** € Yes € No **Instructed By:** Falltech

**List personnel to conduct task:**

**Rescue Procedure in the event worker falls:**

Worker will be rescued / recovered by use of a ladder which will be available or a scissor lift. Emergency Medical (Ronald Regan Medical Center) services will be contacted (310) 825-9111 if necessary. All incidents, injuries, illness, near miss, equipment and vehicle damage will be reported to PCL project safety department; point of contact is Kristine Turley (818) 688-1977.

A copy of this fall protection permit, once approved, shall be reviewed during PSI and added to the site fall protection plan.