Washington State Department of Transportation

Tower and Bridge Fall Protection Plan

Date	Location	Prepared By

Description of Work

Recognized Fall Hazards

- ☐ Tower
- ☐ Self-Support
- ☐ Guyed
- ☐ Monopole
- ☐ Light Pole
- ☐ Wooden Pole
- ☐ Walkway w/o Fall Restraint _____
- ☐ Staircase w/o Fall Restraint _____
- ☐ Weakened or Damage (e.g., missing member/hardware)
- ☐ Bridge
- ☐ Suspension
- ☐ Cantilever
- ☐ Arch
- ☐ Draw
- ☐ Other
- ☐ Non-Standard
- ☐ Roof Top
- ☐ Building Side
- ☐ Highway Sign Structure
- ☐ Other _____
- ☐ Motorized Vehicular Traffic
- ☐ Ladder w/o Fall Restraint
- ☐ Step Bolts w/o Fall Restraint
- ☐ Work Deck w/o Fall Restraint
- ☐ Rest Platform w/o Fall Restraint
- ☐ Other _____

Recognized Environmental Hazards

☐ Sun ☐ Rain ☐ Snow ☐ Heat/Ice ☐ Cold ☐ Noise ☐ Darkness

Recognized Live Hazards

☐ Birds ☐ Insects ☐ Reptiles ☐ Human ☐ Other _____

Other Recognized Hazards

☐ Electrical ☐ Rf Exposure

Method of Fall Restraint and/or Arrest (PFAS) to be Used

- ☐ Work Deck
- ☐ Railing
- ☐ Positioning Lanyard
- ☐ Ladder Safety Climb
- ☐ Warning Signs Lines
- ☐ Full Body Harness
- ☐ Shock Absorbing Lanyard
- ☐ Self Retracting Lanyard
- ☐ Vertical Life Line
- ☐ Horizontal Life Line
- ☐ Work Platform
- ☐ Rest Platform
- ☐ Walkway
- ☐ Tie-Off Point Capable of 5,000 Lbs. per Person

Personal Protection Equipment (PPE) to be Used

- ☐ Hard Hat
- ☐ Safety Eyewear
- ☐ Rain Wear
- ☐ Face Wear
- ☐ Gloves
- ☐ Heavy Clothing
- ☐ Heavy Footwear
- ☐ Other _____

Tool Handling:

- ☐ Tool Belts
- ☐ Tool Bucket
- ☐ Other _____

Method of Hoisting Used

☐ Capstan ☐ Block and Tackle ☐ Manual ☐ Crane ☐ Boom Truck

Method of Manriding Line Used

☐ Descent/Suspension w/PFAS ☐ Ascending/Decending w/PFAS

Note: Upon hearing the sound of **thunder, caused by lightening strike activity,** all high structure climbing and work shall cease and all climbing personnel are to immediately mobilize safely off the structure and seek shelter below the tower. Work shall not resume until it is deemed safe.

Emergency Action Plan	Location of First Aid Kit	
☐ First Aid ☐ CPR ☐ Call 911	Location of AED	

Location of First Aid Equipment

Location of Phone and State Radio	Phone Number of Sheriff or Police	Phone No. of Emergency Resp. Team

List Other Contact Names and Phone Numbers, if any:

Contact Name	Phone Number(s)

Nearest Emergency Room	

Describe Procedure of Rescue Plan

☐ Manual ☐ Outside Services ☐ Other (Describe)

☐ Ascending/Descending ☐ Descending/Suspension

Does site have clearing for helicopter landing zone? ☐ Yes ☐ No

Latitude: _____ Longitude: _____ Size of landing zone: _____ ft X _____ ft Elevation: _____

1. Self Rescue, evaluate the employee for injuries to determine if EMS assistance is required, if so;
2. Contact EMS (911), call on State Radio if no cell service.
3. If personnel are available, send one to a meeting point to meet EMS and escort to site.
4. If employee is incapacitated use the TR/G4 kit and any other available resources for an assisted rescue.
5. If assisted rescue is not possible, use the TR/G4 kit for a suspended rescue.
6. If situation requires a different plan, describe below:

Note: Installation, relocation, removal, maintenance, and inspection of equipment on job site shall be performed in accordance with industry and agency training policies and manufacturers recommended practices.
Use of fall protection, PPE, and PFAS equipment shall be in accordance with OSHA, WISHA, and agency training policies.

Verification of Compliance

Employee Signatures	
▶	▶
▶	▶
▶	▶
▶	▶

Start Time of First Climber Above 4 Feet		End Time of Last Climber Above 4 Feet	