

Fall Protection Work Permit Instructions

1. Specific Job/Review Information

Work Package and/or FPWP#: Enter the work package and/or FPWP number, if applicable.

Job Description: Describe the task to be performed requiring fall protection.

Issue Date: Enter date of approval.

Building/Area: Enter general location of the fall hazard(s).

Reviewed By: Individuals that review this document will print, sign, and date. Indicate if the Qualified Person is N/A (Qualified Person is mandatory when indicated in this Program/ Procedure). A single person can sign for multiple positions if they meet the qualifications and fulfill the roles and responsibilities as stipulated in DOE-0346.

Cognizant Safety Manager: Individual that approves this document will print, sign, and date.

2. Fall Hazards in the Work Area

Fall Hazards in the Work Area: Check the boxes that apply (* indicates these hazards may have their own procedure).

3. Fall Protection Methods

Fall Protection Methods: Check the boxes that apply.

4. Fall Protection Controls

Hazard Type: Indicate the hazard type number selected above.

Fall Protection Method: Indicate fall protection method letter selected above.

Location: Indicate specific location(s) of hazard type with the fall protection method required.

5. Overhead Hazard Protection Methods

Overhead Hazard Protection Methods: Check the boxes that apply.

6. Fall Protection System Assembly

Fall Protection System Assembly: Provide specific information for the fall protection system to be used. Complete sections that apply or indicate N/A.

7. Rescue

Provide specific information for means of self rescue, rescue by other employees, and/or rescue by HFD.