Project:		Created by:	_				Kiewit	Life-Saving Actions
Plan #:	Rev:	 Date Opened:		Expiration	on Date:	_	FALL PROTE	ECTION PERMIT
Scope of Work:							_	
**Must be specific (i.e.	deck level, bent location,	work package #, etc.)						
Eliminate	Every operation	performed at heights w	here the fal	l hazard cannot	be eliminated by pe	rforming work a	t grade or prevented thr	ough the use of
Prevent		engineered contr	rols such as	guardrails or sca	affold must have a co	ompleted Fall Pr	otection Permit.	
What other option	ns for fall arrost hav	va haan cansidarad?	•					
what other option	ns for fall arrest nav	e been considered?	•					
Identify the fall ha	azards to be control	led with this plan:						
······								
Complete all secti	ons flagged with pla	anned hazard contro	l method	- See page 3 f	or approvals			
□ Res	train 🛛	Arrest	AI	bove D-Ring Anchorage			Administrative	
Requires Desig	gnated Approver Signature	Requires Designated Appro	over Signature				Requires District Safety Manager	
		Arrest	Ве	low D-Ring Anchorage			Administrative controls are preve	entive measures taken to
		Requires Sponsor / Area M	lanager Approva	I	_		safety monitors, warning lines, wa	arning horns, designated
							protection because it does not pr	ovide a physical or
							positive means of protection.	
Restrain	Can some or all	of the fall hazard(s) b	be reasona	ably eliminate	d by using FALL R	RESTRAINT me	thods	
Anchorage				Connect	or			
Improvise	ed Anchorage Point(s)	- 1000lb min cap.			SRL anchored farth	ner from the edg	ge than SRL length	
Engineere	ed Anchor Point(s) - At	tach			Fixed length rope,	lanyard, cable,	etc.	
Horizonta	al Restraint Line(s) - At	tach			Adjustable length	rope, lanyard, ca	able, etc.	
	tured Anchorage Point	(s) - Attach			Other:			
Arrest	Please select the co	mponents utilized in the	fall arrest sy	vstem and attach	entire manual of ea	ch to facilitate re	view (check all that apply	7)
		,						,
Anchorage	od Anchorage Deint		Anchor	age Connecto	r - Attach	Self Retractin	ng Lifeline (SRL) - Atta	icn
	eu Anchorage Point(5) - 500010 min cap.		Wire Pope C	able		a Lok Edge	
	red Anchorage Poin	t(s) - Attach		Beam Clamp		 Rebe 	el SRL-LE	

	Horizontal Life Line(s)	- Attach
--	-------------------------	----------

- Manufactured Anchorage Point(s) Attach
- Mobile Elevated Work Permit (MEWP)

Arrest System Capacities and Restrictions

Anchorage (if less than 5,000 lb. min cap.)

Maximum Arrest Force (MAF) _____

Maximum User Weight _____

Maximum Number of Users _____

Maximum Allowable Horizontal Distance

from Anchorage

Concrete Wedge Anchor

Concrete D-Ring Anchor

Maximum Arrest Force (MAF) _____

Maximum User Weight _____

Maximum Number of Users

Maximum Allowable Horizontal Distance

Other: _____

Anchorage Connector

from Anchorage _____

Smart Lock SRL-LE

Other (with District Safety Manager Approval):

DSM Signature
If more than one SRL may be utilized worst case)
SRL Data Used
Maximum Arrest Force (MAF)
Maximum User Weight
Maximum SRL Length
Max Allowable User Distance From Anchor
Point via Fall Distance Chart

UTILIZE CAPACITY AND RESTRICTION SECTION TO IDENTIFY COMPONENT COMPATABILITY (i.e. SRL MAF is greater than Anchorage MAF, SRL allows user to travel 16ft while Anchorage allows 8ft. All data may not be present for each component, but planner must recognize when more data is needed based on planned use.

All components of the system are compatible or planned utilization is within restrictions

MAX USER WEIGHT FOR LE APPLICATION IS 310LBS PER 3M SRL LIMITATIONS

Superintendent Signature

For typical MEWP use utilize the corporate MEWP fall protection work plan. If utilizing the MEWP exterior tie off bar a specific plan is required

Arrest

Describe how member of this operation will rescue a fallen worker from the suspension of their harness within 10 minutes.

Administrative

Describe the plan for administrative controls if utilized to prevent a fall via Warning Lines.

Sketch of Worst Case Scenario for Worker Positioning in Fall Restraint/Arrest/Administrative Controls Plan. Include and Identify All System Components. If plan involves transfer at heights of any kind, attach the Kiewit transfer at heights SOP	Restrain Arrest Administrative
Identity All System Components. If plan involves transfer at heights of any kind, attach the Kiewit transfer at heights SOP	etch of Worst Case Scenario for Worker Positioning in Fall Restraint/Arrest/Administrative Controls Plan. Include and
If plan involves transfer at heights of any kind, attach the Kiewit transfer at heights SOP	entify All System Components.
	lan involves transfer at heights of any kind, attach the Kiewit transfer at heights SOP

Page 2/4			
GREATER THAN FALL CLEARANCE AND WORK CANNOT BE COMPLETED THROUGH ANY OTHER EANS, THIS PLAN MUST BE APPROVED BY THE DISTRICT SAFETY MANAGER	District Safety Manager		
(fr	om working surface closest to obstruction		
	Worst Case Fall Clearance		
	Total Fall Distance		
	Kneeling add from c) +		
	Distance from b)		
	Largest Value from a)		
d) Fall Dist	ance		
	Value		
w	ill be kneeling add 3'-3" for c) value		
c) If anch	or point is above the D-ring and the worker		
	Value		
	sag from a Horizontal Lifeline)		
b) Additio	nal fall distance from anchorage device (i.e.		
	Other (w/EVP Approval)		
	Smart Lock SRL-LE		
	Rebel SRL-LE		
	llitra Lok Edge		
	Nano Lok Edgo		
a) SRL Fail nav be utilized clip worst case here, attach all manuals used to plan)	Distance from Manual are than one SRL may be utilized fill out each)		
Fall Dista	All Distance Calculation		
Arres Fall Dista	nce Calculation		

s part of inspection, confirm rescue plan can be performed as described	
Restrain Designated Approver* Signature Required for Fall Restraint	
I have evaluated the operation. All fall hazards cannot be removed through fall elimination or	
prevention methods, and a fall restrain system is needed. I approve the use of the fall restraint	Designated Approver
Arrest Above D-Ring Anchorage Designated Approver* Signature Required for Fall	Arrest
have evaluated the operation. All fall hazards cannot be removed through fall prevention/restraint	
have evaluated the operation. All fall hazards cannot be removed through fall prevention/restraint nethods, and a fall arrest system is needed. I approve the use of the fall arrest system described in this permit.	Designated Approver



Name:	, Date				
Name:	Date				
Name:	Date				
Name:	Date				
Name:	Date				
Name:	Date				
Name:	Date				
Name:	Date	2:			
Name:	Date	e:			
Name:	Date	e:			
Name:	Date	e:			
Name:	Date	e:			
Name:	Date	2:			
Name:	Date	2:			
Name:	Date	e:			
Name:	Date	e:			
Name:	Date	2:			
The plan described must be inspected daily to If at any time the system does not match the i	verify that the installation and us	se of <u>ALL</u> system d plan, the oper	a components is	s correct. stopped until	:
 An investigation is completed as to why Corrections are made to the installation The described plan is changed to reflect 	the system and installation do not and use of the system so that it re the current installation and use of	t match. eflects what is or f the system.	n the described	plan.	
ny instance where the plan is changed, everyo	ne utilizing the system must unde continues. Page 4/4	erstand the char	iges and new ir	nstructions be	fore work

RESOURCES

