Date Opened:

Expiration Date:

Scope of Work:

**Must be specific (i.e. deck level, bent location to bent location, work package #, etc.)

Kiewit Life-Saving Actions

FALL PROTECTION PERMIT

Eliminate

Prevent

Every operation performed at heights where the fall hazard cannot be eliminated by performing work at grade or prevented through the use of engineered controls such as guardrails or scaffold must have a completed Fall Protection Permit.

A Fall Protection Permit must be completed for the following:

- Fall Restraint
- Fall Arrest
- Working from an MEWP (except scissorlifts)
- Administrative Controls

1) Identify the fall hazards to be controlled with this plan:

2) Restrain **Can some or all of the fall hazard(s) be reasonably eliminated by using FALL RESTRAINT methods?**

Anchorage

- ☐ Improvised Anchorage Point(s) - 1000lbs min.
- ☐ Engineered Anchor Point(s) - Attach Engineering
- ☐ MEWP (Per Working from MEWPs SOP)
- ☐ Scissor Lift (If project/district requirement)

System

- ☐ Rope/Cable Grabs with fixed stops
- ☐ SRL anchored farther from the edge than SRL length
- ☐ Other:

Superintendent Signature

3) Arrest **Please select the components utilized in the fall arrest system (Check all that apply)**

Anchorage

- ☐ Improvised Anchorage Point(s) - 5000lbs min.
- ☐ Engineered Anchor Point(s) *Attach Engineering to this Workplan*
- ☐ Approved Anchor Point(s) has/have been Inspected & Approved by:
- ☐ Horizontal Lifeline *Attach Engineering or Manufacturer Data*
- ☐ Mobile Elevated Work Platform (MEWP)

Anchorage Connector

- ☐ Beam Straps w/ built in softener
- ☐ Softeners for sharp edges
- ☐ Other Manufactured Anchorage Device Attach Manufacturer Data
- ☐ Ladder Climbing Safety Device

Connector

- ☐ Self Retracting Lifeline (Select one)
  - ☐ Nano-Lok Edge
  - ☐ UltraLok Edge
  - ☐ Other (STOP HERE, See Safety Manager)
  - ☐ Rebel SRL-LE
  - ☐ Smart Lock SRL-LE
- ☐ Safety Nets *Attach Engineering or Manufacturer Data*

Required when plan includes the use of engineered clearance values (ex. Horizontal Lifelines) other than manufacturer's tables.

I have provided my District Safety Manager with this plan and the required engineering/technical data.

District Safety Manager's Signature

NOTE: Only Self Retracting Lifelines listed in the Fall Protection Equipment Guide may be used on this project.

4) Sketch of Fall Restraint / Arrest Plan, Including All System Components

5) Fall Clearance Calculation

System 1 Clearance Values

(Must be obtained from fall clearance charts in the users instruction manual for the system being used.)

Fall Distance From Manual:

Clearance:

(From working level to lower level.)

System 2 Clearance Values

(Must be obtained from fall clearance charts in the users instruction manual for the system being used.)

Fall Distance From Manual:

Clearance:

(From working level to lower level.)

System 3 Clearance Values

(Must be obtained from fall clearance charts in the users instruction manual for the system being used.)

Fall Distance From Manual:

Clearance:

(From working level to lower level.)

6) Describe how the members of this operations will rescue an unconscious fallen worker from the suspension of their harness, within 10 minutes.

7) Arrest | Above D-Ring Anchorage **General Superintendent Approval Required for Fall Arrest**

I have evaluated the operation. All fall hazards cannot be removed through fall prevention/restraint methods, and a fall arrest system is needed. I approve the use of the fall arrest system described in this permit.

General Superintendent or Above Signature

8) Arrest | Transfer @ Heights **Project Manager Approval Required for Transfer at Heights**

I have evaluated the operation. Transfer at heights (use of an MEWP to gain access to an elevated work area where a fall exposure is present) is necessary and can be completed safely per this plan.

Project Manager Signature

9) Arrest | Below D-Ring Anchorage **Sponsor / Area Manager Approval Required for Fall Arrest w/ Below D-Ring Anchorage**

I have evaluated the operation. All consideration has been made to incorporate fall arrest anchor points that are above the height of the user's D-ring. It has been determined that this is not feasible, and below D-ring anchorage must be utilized to complete the work safely.

Job Sponsor / Area Manager Signature

****A completed copy of this permit must be sent to the District Manager, Division Manager, and Executive Vice President.**

10) This permit shall be reviewed and signed before the operation is started and every two weeks at a minimum.

I understand the hazards of this operation and have received necessary training & instruction on the items described in this plan.

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The plan described must be inspected daily to verify that the installation and use of ALL system components is correct.

If at any time the system does not match the installation or use of the described plan, the operation must be stopped until:

1) An investigation is completed as to why the system and installation do not match.
2) Corrections are made to the installation and use of the system so that it reflects what is on the described plan.
3) The described plan is changed to reflect the current installation and use of the system.

Any instance where the plan is changed, everyone utilizing the system must understand the changes and new instructions before work continues.