

Elevated Surface Work Plan Form

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URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/fallFormESWP.pdf> | [docx](#)

This form is available in the following formats:

1. Adobe Acrobat (pdf) (attached)
2. Microsoft Word ([docx](#))

A generic version, for use by construction subcontractors who do not have their own equivalent form, is also available:

1. Adobe Acrobat ([pdf](#))
2. Microsoft Word ([docx](#))

General subcontractors must submit the completed, approved form to their SLAC field construction manager (FCM), who will acknowledge receipt by signing and attaching a [SLAC Receipt of Subcontractor Form](#). A SLAC Health and Safety Services representative must also sign the receipt.

Elevated Surface Work Plan Form

Instructions

This form must be completed and approved before any worker, *construction or general industry*, accesses an *unprotected elevated work area*. (An unprotected elevated work platform or area is any *elevated work surface*, including a roof less than six feet from the edge, that is not surrounded by a fixed barrier such as conforming guardrails or protective parapet or where a portable guardrail system cannot be used.) (See [Fall Protection: Fall Protection Requirements](#) [SLAC-I-730-0A21S-055]).

1. Describe the work to be done, fall protection to be used, and list the workers involved (Section 1).
2. Include a work plan drawing (Section 2).
3. If fall arrest is needed, complete a fall hazard analysis (Section 3) and rescue plan (Section 4).
4. Obtain approvals before work begins (Section 5).

The plan may be completed by a fall protection authorized person or fall protection competent person but must be approved by a competent person. The completed plan must be kept with other work authorization documents for the duration of the work.

No elevated surface work plan is required if a ladder or mobile elevating work platform (MEWP) can be used to both access the work area and complete the work safely. In such cases follow requirements in [Chapter 15, “Ladder and Scaffold Safety”](#) or [Chapter 47, “Mobile Elevating Work Platforms”](#), as applicable.

1. Elevated Surface Work Plan

Job / project name:	Begin date:	End date:
Location (bldg, floor, grid):		
Description:		

List authorized workers Important: two or more authorized workers must be present whenever fall protection (fall arrest, fall restraint, or control line) is used.	Authorized worker name
	1.
	2.
	3.
	4.
	5.

Indicate protection method to be used (pick one) and describe <input type="checkbox"/> Guard rail system <input type="checkbox"/> Fall restraint <input type="checkbox"/> Fall arrest (if fall arrest is used a fall hazard analysis must be developed [Section 3]) <input type="checkbox"/> Control line (designated area)	
List equipment to be used, such as full body harness, minimum length lanyard, shock absorber, connecting hardware, self-retracting lifeline) Include specific manufacturer and model of equipment to be used. Attach manufacturer cut sheets. (Required for all construction activities, for general industry only for fall arrest.)	

2. Work Plan Drawing

Both plan and elevation views are required. For both views show the work area, how it will be accessed, and all equipment used (ladder, mobile elevation work platform, anchorages points, restraint equipment, arrest equipment, barricades, etc). If fall arrest is needed, include details (free-fall and deceleration distance, worker height, lanyard length, etc.) and the rescue plan (Section 4). Add pages if needed.

Plan (bird's-eye view)

Elevation (side view)

3. Fall Arrest Analysis (Clearance Calculation)

Required when using fall arrest.

4. Rescue Plan

Requirements	Answers / Solutions / Description
<p>How will rescue be ensured within 15 minutes, should a fall occur?</p> <p>List rescue equipment immediately available for this location and describe how it can be staged quickly should it be needed. Include whatever might be needed such as a ladder, aerial device, elevating work platform, tripod, additional harness, controlled descent device, winch, pulley, etc.)</p> <p>Immediate response is required to minimize the risk of further injury or death due to suspension trauma.</p>	

5. Approvals

ESWP author (<i>print</i>):		Phone:
ESWP author (<i>sign</i>):	Date:	
Competent person (<i>print</i>):		Phone:
Competent person (<i>sign</i>):	Date:	