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| Roofing Fall Protection Plan Instructions | | | | | | | | | | | | | | | | | | |
| (Plan must be typed) | | | | | | | | | | | | | | | | | | |
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| 1. Company Or Roofer Submitting Plan: | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Plan Prepared By: | | | |  | | | | | | | | | Date: | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Ingalls Shipbuilding Location: | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | (Avondale, Gulfport and/or Pascagoula) | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Building Number: | | | | |  | | | | Building Name: | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Job Number: | |  | | | | | | | Proposed Start Date: | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Roof Slope: |  | | | | | | | | | | | | | | | | | (Vertical To Horizontal) |
|  | | | | | | | | | | | | | | | | | | |
| 1. Type Of Roofing Work: | | | | | |  | | | | | | | | | | | | |
| (Repair, Removal and Replacement, New Construction - Leading Edge, Etc) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Roof Structural Integrity Inspection Date: | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Structural Integrity Certified By: | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Attach A Structural Certification Document: | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. List Fall Protection Competent Person(S) For This Job: | | | | | | | | | | | | | |  | | | | |
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| 1. Check Fall Protection System(S) To Be Used On This Job: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| * 1. Low sloped roof, safety monitoring system alone (roof 50 feet or less in width) | | | | | | | | | | | | | | | | | | |
| * 1. Low sloped roof, warning line and safety monitoring system | | | | | | | | | | | | | | | | | | |
| * 1. Guardrail system | | | | | | | | | | | | | | | | | | |
| * 1. Personal fall arrest system | | | | | | | | | | | | | | | | | | |
| * 1. Positioning device system | | | | | | | | | | | | | | | | | | |
| * 1. Safety net system | | | | | | | | | | | | | | | | | | |
| * 1. Fall arrest systems infeasible. - Attach full, detailed explanation of why each type of fall   protection is infeasible for this particular job or a particular portion of this job and detailed plan  for alternate means of fall protection. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Attach a full description of each fall protection system checked in item 12, above and each component of that system. Include specific information such as manufacturers, model numbers, product names, lanyard length, wire or line sizes, anchor types, etc. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Attach a list of holes, skylights and wall openings and describe the means of fall protection. Describe guards and or covers, if used. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Attach a roof layout plan and elevation (not necessarily to scale) showing, if applicable: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| * 1. Roof access points; e.g., temporary or fixed ladders, stairs, ramps, runways, and other walkways. | | | | | | | | | | | | | | | | | | |
| * 1. Warning lines, controlled access zones (CAZ’s) | | | | | | | | | | | | | | | | | | |
| * 1. Anchoring points and lifelines | | | | | | | | | | | | | | | | | | |
| * 1. Safety net locations | | | | | | | | | | | | | | | | | | |
| * 1. Hoist areas and access passages | | | | | | | | | | | | | | | | | | |
| * 1. Holes, skylights, wall openings (number according to listing in item 13, above) | | | | | | | | | | | | | | | | | | |
| * 1. Debris chutes and dumpsters | | | | | | | | | | | | | | | | | | |
| * 1. Toeboards, falling object protection guardrails, falling object barricade areas | | | | | | | | | | | | | | | | | | |
| * 1. The location of dangerous equipment and protective guardrails. | | | | | | | | | | | | | | | | | | |
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| 1. Attach a list of all employees covered by this plan. Maintain an updated list, with additional training certifications, if needed, on the job site. | | | | | | | | | | | | | | | | | | |
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| 1. Training certifications: | | | | | | | | | | | | | | | | | | |
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| * 1. For each fall protection competent person listed in item 11 above, attach a certification document detailing the person’s experience, skills and training that qualify him/her as a competent person. | | | | | | | | | | | | | | | | | | |
| * 1. Attach copies of the certificates of training for each employee listed in item 16 above. Include a signed certification that each employee has reviewed and understands this fall protection plan for this job. | | | | | | | | | | | | | | | | | | |
| * 1. Attach a certification document for the person who conducted the employee training detailing that person’s experience, skills and training that qualify him/her as a competent trainer. | | | | | | | | | | | | | | | | | | |
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| 1. Plan Preparer: | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | |  | | | | | | | | | | | | |
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| 1. Safety Department Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |