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| **COMPETENT PERSON INSTRUCTIONS** |
| This Construction Fall Hazard Analysis (CFHA) and daily briefing form (or equivalent) shall be completed by the construction subcontractor fall protection Competent Person, prior to allowing workers to be exposed to fall hazards. Activities subject to this analysis and briefing include the use of scaffolds, aerial lifts, scissor lifts and elevating aerial (work) platforms or any condition where workers are exposed to fall hazards of 6 feet or more above the lower level. Please refer to the equipment manufacture Operation and Safety Manual and the relevant ANSI/SIA standard (both must be maintained with the lift) for fall protection minimum requirements. The completed form shall be maintained in the work area for the duration of the activity and a copy provided with the weekly report and project closeout documents. The CFHA must be site and activity specific and may not exceed one week in duration. Complete the analysis at least weekly and review daily with the affected workers, prior to the start of work for each definable activity. If conditions, personnel or equipment change, a new analysis and briefing shall be completed prior to the work starting. EXCLUSIONS: A CFHA is not required for ladder climbing where 3-points of contact are continuously maintained for portable ladders 24-feet or less in height (provided there is no increased fall distance or other safety hazard), and for fixed ladders of 20-feet or less. |
| **INTRODUCTION** |
| Construction subcontractors should conduct elevated work at the lowest risk attainable, by complying with the most stringent regulations and industry standards when selecting methods to eliminate or mitigate fall hazards. Questions regarding the safe conduct of elevated work must be directed to project superintendent and or Safety Director prior to the initiation of work. Fall protection safety requirements include, but are not limited to, the following:

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| * 29 CFR 1926, Subpart M: Fall Protection; 29 CFR 1926, Subpart R: Steel Erection; 29 CFR 1926, Subpart L: Scaffolds
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| * Samet Corporation Site Safety and Incident Prevention Program
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| * ANSI Z359 Fall Protection Code, ANSI/SIA 92 Standards
* ANSI A10.32-2004 Fall Protection Systems for Construction and Demolition Operations
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| COMPETENT PERSON EVALUATION / PROJECT INFORMATION |
| **Evaluation conducted by** | **Project** | **Date issued** |
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| **Subcontractor** | **Subcontractor Phone** |
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| **Location of Activity** | **End Date (1 week max.)** |
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| SCOPE OF WORK / DESCRIPTION OF ACTIVITY |
| What tasks and work areas are associated with the hazards? Identify the equipment, materials, and processes addressed by this analysis.  |
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| HAZARDS AND CONTROLS |
| **Hazards.** What is the fall distance/exposure to the next lower level? What is the maximum swing fall? Identify any additional hazards associated with the elevated work activity and location. Examples include, but are not limited to: impalement, mechanical, electrical, chemical or environmental.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Controls.** Describe the controls that have been established to maintain a low or routine level of risk. Identified controls must remain in effect for the duration of this evaluation.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If work cannot be performed as defined in this analysis, or if unexpected conditions are encountered, stop work and review with the Competent Person. Additional hazard controls may be warranted. |
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| **FALL HAZARD ANALYSIS AND BRIEFING CHECKLIST INSTRUCTIONS** |
| Use this checklist in your evaluation and as the talking points in the daily briefing to identify the controls established for the elevated work. The briefing and checklist requirements must be reviewed, verified and communicated to the workers on a daily basis, prior to the start of the work activity. If the scope of work or location changes, reevaluation by the Competent Person is required. |
| 1. | Identify all fall hazards: |
| [ ]  Roof Work (within 15 feet of edge) | [ ]  Unprotected Stairways | [ ]  Ladders (portable or fixed) |
| [ ]  Roof Penetration or Skylight (work within 15 feet of an unprotected opening) | [ ]  Wall or Floor Openings (work within 6 feet of an unprotected wall or floor opening) | [ ]  **\*** Aerial lifts, Scissor lifts and elevating Aerial (Work) Platforms  |
| [ ]  Scaffold erection/disassembly | [ ]  Leading Edge | [ ]  Steel Erection |
| [ ]  Other Describe:  |
| 2. | Method of fall protection to be provided: |
| [ ]  Passive (guardrail or hole cover) | [ ]  Fall Restraint | [ ]  Ladder Safety Device |
| [ ]  Positioning System | [ ]  Personal Fall Arrest System (PFAS) | [ ]  Warning Lines or (CAZ) |
| Comment:  |
| 3. | Fall Protection Equipment required (OSHA and ANSI compliant): |
| [ ]  Anchorage Connector | [ ]  Full Body Harness | [ ]  Restraint Lanyard |
| [ ]  Shock Absorbing Lanyard | [ ]  Self-Retracting Lanyard (SRL) | [ ]  Leading Edge SRL |
| [ ]  Twin Leg Lanyard | [ ]  Rope Grab | [ ]  Safety Nets |
| NOTE: The Competent Person must confirm system selection and compatibility. |
| **\*Hold Points:** All boom or articulated boom type aerial lifts require the use of an active fall protection system (arrest or restraint), regardless of elevation. The following are **“Hold Points”** that require a separate CFHA evaluation by submitting an unusual job plan (UJP):1. Any compromise to the manufacturer installed guardrail system.
2. Any reason to gain elevation above the floor of the work platform height.
3. Any reason to transition in or out of an elevated work platform or basket.
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| 4. | Identify the specific anchorage type, location(s), connecting means and identify the method used to determine the adequacy of anchorage:  |
| [ ]  Manufacturer’s data or pre-engineered system | [ ]  Existing engineering/design documents or certified anchorage |
| [ ]  Evaluation by qualified person (QP required for non-certified anchorages and Vertical Lifelines) Provide Name of QP & Date: | [ ]  Approval by professional engineer (PE required for Horizontal Lifelines) Provide Name of PE and Date: |
| 5. | Identify the method of falling object protection below the elevated work: |
| [ ]  Guardrails / Barricades  | [ ]  Snow Fence or Mesh | [ ]  Toeboards |
| [ ]  Hard Hats Required | [ ]  Warning Lines | [ ]  Danger Tape |
| [ ]  Caution Tape | [ ]  Warning Signs | [ ]  Attendant Posted |
| [ ]  Tool Tethers or Lanyards | Other Describe:  |
| 6. | Describe the method for prompt, safe rescue/retrieval of a fallen worker (consider automatic rescue, self-rescue, assisted rescue and professional rescue). Emergency response must be initiated in any fall event. A professional rescue is required for any scenario involving suspended rescuers.  |
| [ ]  Initiate emergency response 911 from cell phone ask for local elevated rescue response department. | [ ]  Provide suspension trauma straps (combined with rescue method)  | [ ]  Utilize a rescue/retrieval system (typical for permit-required confined space entry) |
| [ ]  Utilize an aerial lift or aerial work platform  | [ ]  Utilize portable stairs or portable ladder |
| [ ]  Utilize a rescue ladder | [ ]  Utilize a self-rescue device | [ ]  Utilize an automatic rescue SRL |
| [ ]  Other (describe):  |

# CONSTRUCTION FALL HAZARD ANALYSIS and DAILY BRIEFING

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| *The Competent Person shall be responsible for the implementation and monitoring of the managed fall protection program. They shall conduct a fall hazard survey to identify all fall hazards before authorized workers are exposed to those hazards. Additionally, the Competent Person shall identify, evaluate, and impose limits on the workplace activities to control fall hazard exposures and swing falls. By signing below, the Competent Person acknowledges that he or she has fulfilled this responsibility and has communicated the requirements and instructions to the authorized workers.* |
| **Competent Person and Company Name** | **Signature** | **Date** |
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| *The Authorized Worker shall adhere to the controls and instructions provided by the Competent Person. The Authorized Worker shall properly use, inspect, maintain, store and care for their fall protection and systems. Additionally, they shall immediately bring to the competent person’s attention any defects or damage to equipment, and any unsafe or hazardous conditions or actions that may cause injury to either themselves or any other authorized worker.* |
| **Authorized Worker and Company Name** | **Signature** | **Date** |
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