

**Fall Protection Work Plan for Marine Hanging Staging (MHS)
Job Hazard Analysis (JHA)**

All employees involved in the installation or removal of MHS must review this JHA prior to the initial start-up of work. This plan must be posted in the work site office for the duration of the job. All employees subject to wear fall protection must be trained in accordance with the written plan. **Hazards must be corrected or safely controlled before starting work.**

| Location: | Vessel: | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------|-------------------|-------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1. Identify potential hazard(s): <input type="checkbox"/> Space certified "Safe for Workers" <input type="checkbox"/> Adequate housekeeping <input type="checkbox"/> Adequate supply of drinking water <input type="checkbox"/> Adequate ventilation <input type="checkbox"/> Adequate lighting | 2. Identify potential fall hazard(s): <input type="checkbox"/> Deck openings protected <input type="checkbox"/> Interior ladder safe to climb <input type="checkbox"/> Slip and trip hazards removed <input type="checkbox"/> Adequate sole tread on workers' boots <input type="checkbox"/> Warning signs posted | | | | | | | | | | | | | | | | | | |
| 3. Describe the hazard(s): <div style="text-align: right;">All corrections made: Inspector's initials</div> | | | | | | | | | | | | | | | | | | | |
| 4. Attendant's field check of fall protection systems: <input type="checkbox"/> Tripod/retrieval system locking capacities <input type="checkbox"/> Defects in cable, tripod, hooks, mildew, wear <input type="checkbox"/> Chaffing gear on site <input type="checkbox"/> Retrieval system inspection data <input type="checkbox"/> Body harnesses for supporting workers <input type="checkbox"/> Other _____ | 5. Installer's field check of work platform: <input type="checkbox"/> Harness <input type="checkbox"/> Lanyards <input type="checkbox"/> Carabiners <input type="checkbox"/> Anchor straps <input type="checkbox"/> Stirrups <input type="checkbox"/> Other support equipment | | | | | | | | | | | | | | | | | | |
| 6. Qualified person's inspection of interior tank structure for safe and secure anchor points: If structure anchor points are unsafe – Stop Work | | | | | | | | | | | | | | | | | | | |
| 7. Describe the method for prompt, safe removal of injured workers. <input type="checkbox"/> Call _____ Call 911 Call offsite rescue number _____ <input type="checkbox"/> Describe the location of the phone: | | | | | | | | | | | | | | | | | | | |
| 8. Trained cable installer(s) and attendant(s) on site under this plan: <table style="width:100%; border: none;"> <thead> <tr> <th style="text-align: left; border: none;"><u>Signature</u></th> <th style="text-align: left; border: none;"><u>Print Name</u></th> <th style="text-align: left; border: none;"><u>Installer or Attendant</u></th> </tr> </thead> <tbody> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> </tbody> </table> | | <u>Signature</u> | <u>Print Name</u> | <u>Installer or Attendant</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| <u>Signature</u> | <u>Print Name</u> | <u>Installer or Attendant</u> | | | | | | | | | | | | | | | | | |
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| Signatures | | | | | | | | | | | | | | | | | | | |
| Approvals: Responsible supervisor _____ Date of inspection: _____ Qualified person _____ | | | | | | | | | | | | | | | | | | | |