

Fall Arrest Rescue Plan

Date: _____

Job Description: _____

Location: _____

<u>Contacts</u>	<u>Rescue Equipment</u>	<u>Critical Rescue Factors</u>
Rescuer(s) _____ _____	<input type="checkbox"/> Ladder <input type="checkbox"/> Block & Tackle	Anchor Point _____ _____
Competent Person _____	<input type="checkbox"/> Rescue Pole <input type="checkbox"/> First Aid Kit	Landing Area _____ _____
Emergency Contact _____	<input type="checkbox"/> Rescue Rope <input type="checkbox"/> Life Ring	_____
Method of Contact:	<input type="checkbox"/> Spider <input type="checkbox"/> Work Vest	Rescue Obstructions/Hazards:
<input type="checkbox"/> PA <input type="checkbox"/> Verbal/Face to face	<input type="checkbox"/> Scaffold <input type="checkbox"/> (Cutting Device)	_____
<input type="checkbox"/> Radio Channel: _____	Location of Equipment:	_____
<input type="checkbox"/> Phone Number: _____	<input type="checkbox"/> Job Site <input type="checkbox"/> Gang Box	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Tool House <input type="checkbox"/> _____	_____

<u>Check for Yes</u>	<u>Comment</u>
<input type="checkbox"/> Have alternatives to using fall arrest equipment been considered?	
<input type="checkbox"/> Has rescue equipment been inspected and found in good shape?	
<input type="checkbox"/> Is equipment adequate for the rescue plan (weight ratings, length, connection type, etc.)?	
<input type="checkbox"/> Have communication devices been identified, located, & tested?	
<input type="checkbox"/> Are all rescuers familiar with the use of the rescue equipment?	
<input type="checkbox"/> If working over water, is there a boat available?	

<u>Pre Work Tasks:</u>	<u>Response Procedure:</u>
1) _____ _____	1) Notify Emergency Contact. _____ _____
2) _____ _____	2) Make medical assessment of person. _____ _____
3) _____ _____	3) _____ _____
4) _____ _____	4) _____ _____
5) _____ _____	5) _____ _____
6) _____ _____	6) _____ _____