

## Fall Protection Rescue Plan

Date:		Job Description:	
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Title:	Name:	*Method of Contact
Designated Competant Person		
Lead Rescue Person		
Assistant Rescuer(s)		
Emergency Contact(s)		

*\*Denotes: Verbal (face-to-face), Radio Channel (specify channel), phone number or other forms of communication.*

Onsite Rescue Equipment (indicate a yes or no for each box)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ladder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pulley System
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rescue Poles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Brake - Tube System
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rescue Rope	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Winch System
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Crane as Anchorage Point	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Controlled Descent
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Crane with Personnel Platform	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rope Ladder
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scaffold	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skiff
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aerial Work Platform	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Life Ring with 90 Feet of Rope
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vertical Rescue & Escape System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Aid Kit
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Self - Retractable Lifeline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stokes basket

Pre-Planning for Rescue and Fall Protection Equipment

Rescue and Fall Protection Planning		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have alternatives to using fall arrest equipment been considered?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has rescue equipment been inspected and found in servicable condition?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is equipment adequate for the rescue plan?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have communications devices been identified, located and tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are all rescuers familiar with the use of the rescue equipment?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If working over water, is there a skiff and life rings?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are PFDs worn by worker when working over water?

Describe tasks to be done prior to work to prevent a fall and the step-by-step process to be followed in the event of a fall

Comments:

### Pre - Work Tasks and Response Procedures

#	Pre - Work Task	#	Response Procedure
1	JHA (Job Hazard Analysis) and PTP (Pre Task Plan)	1	Call 911
2	Perform trail Test of rescue equipment	2	Notify Emergency Fall Rescue Team
3		3	Notify First Aid / CPR Personnel
4		4	Notify Site Management
5		5	
6		6	