

APPENDIX C – 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 <input type="checkbox"/> Rescue Pole <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Rescue Rope <input type="checkbox"/> Life Ring <input type="checkbox"/> Spider <input type="checkbox"/> Work Vest <input type="checkbox"/> Scaffold <input type="checkbox"/> Cutting Device <input type="checkbox"/> Stokes Litter <input type="checkbox"/> Alternative Lifting & Lowering Device		Anchor Point _____ _____	
Competent Person _____				Landing Area _____ _____	
Emergency Contact _____				Rescue Obstructions/Hazards: _____ _____	
Method of Contact: <input type="checkbox"/> PA <input type="checkbox"/> Verbal/Face to face <input type="checkbox"/> Radio Channel: _____ <input type="checkbox"/> Phone Number: _____ <input type="checkbox"/> Other _____					
Check for Yes			Comment		
<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) _____		