## Fall Arrest Rescue Plan

<table>
<thead>
<tr>
<th>Date: ______________________________</th>
<th>Job Description: ____________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location: __________________________</td>
<td>__________________________________________________________________________________________</td>
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<td>__________________________________________________________________________________________</td>
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</tbody>
</table>

### Contacts

<table>
<thead>
<tr>
<th>Rescuer(s)</th>
<th>Competent Person</th>
<th>Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______________________________</td>
<td>__________________</td>
</tr>
<tr>
<td>__________________________________________________________________________</td>
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</tbody>
</table>

**Method of Contact:**

- [ ] PA
- [ ] Verbal/Face to face
- [ ] Radio Channel: __________________
- [ ] Phone Number: _________________
- [ ] Other: __________________________

### Rescue Equipment

- [ ] Ladder
- [ ] Rescue Pole
- [ ] Rescue Rope
- [ ] Spider
- [ ] Scaffold
- [ ] Stokes Litter
- [ ] Rescue Rope
- [ ] Block & Tackle
- [ ] First Aid Kit
- [ ] Life Ring
- [ ] Work Vest
- [ ] (Cutting Device)
- [ ] Alternative Lifting & Lowering Device

**Location of Equipment:**

- [ ] Job Site
- [ ] Gang Box
- [ ] Tool House

### Critical Rescue Factors

**Anchor Point:**

- [ ] ______________

**Landing Area:**

- [ ] ______________

**Rescue Obstructions/Hazards:**

- [ ] ______________

### Check for Yes

- [ ] Have alternatives to using fall arrest equipment been considered? ____
- [ ] Has rescue equipment been inspected and found in good shape? ____
- [ ] Is equipment adequate for the rescue plan (weight ratings, length, connection type, etc.)? ____
- [ ] Have communication devices been identified, located, & tested? ____
- [ ] Are all rescuers familiar with the use of the rescue equipment? ____
- [ ] If working over water, is there a boat available? ____

### Pre Work Tasks:

1) __________________________________________________________________________
2) __________________________________________________________________________
3) __________________________________________________________________________
4) __________________________________________________________________________
5) __________________________________________________________________________
6) __________________________________________________________________________

### Response Procedure:

1) Notify Emergency Contact. __________________________________________________________________________
2) Make medical assessment of person. __________________________________________________________________
3) __________________________________________________________________________
4) __________________________________________________________________________
5) __________________________________________________________________________
6) __________________________________________________________________________