

Date \_\_\_\_\_

Job Details \_\_\_\_\_

Location \_\_\_\_\_

### Emergency Contacts

Rescuer \_\_\_\_\_ Rescuer \_\_\_\_\_

Rescuer \_\_\_\_\_ Rescuer \_\_\_\_\_

Competent Person \_\_\_\_\_ Site Supervisor \_\_\_\_\_

### Rescue Equipment

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Aerial Lift               | <input type="checkbox"/> Ladder               | <input type="checkbox"/> Rescue Winch     |
| <input type="checkbox"/> Lifting & Lowering Device | <input type="checkbox"/> Life Ring            | <input type="checkbox"/> Rescue Wristlets |
| <input type="checkbox"/> Crane                     | <input type="checkbox"/> Rescue Pole          | <input type="checkbox"/> Scaffold         |
| <input type="checkbox"/> Descent Device            | <input type="checkbox"/> Rescue Rope          | <input type="checkbox"/> System 99        |
| <input type="checkbox"/> First Aid Kit             | <input type="checkbox"/> Rescue SRL's         | <input type="checkbox"/> U-Res-Q          |
| <input type="checkbox"/> AED                       | <input type="checkbox"/> CPR Certified Person |   |

### Rescue Equipment Location

Jobsite  Gangbox  Toolbox  Other \_\_\_\_\_

### Rescue Factors

Anchor Point \_\_\_\_\_

Landing Area \_\_\_\_\_

Obstructions & Hazards \_\_\_\_\_

Others \_\_\_\_\_

### Check Yes If

- Have alternatives to fall arrest equipment been considered?
- Is rescue equipment regularly inspected and in good condition?
- Is the available equipment appropriate for the rescue plan?
- Are all communication devices identified, located, and tested?
- Have all rescuers been trained in the use of rescue equipment?
- If working above water, is a boat available?

Comments \_\_\_\_\_

### Pre-Work Fall Prevention Tasks: Set up for both fall prevention and fall response

#### Fall Prevention

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### Response Procedure

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_