

Fall Rescue Plan Form

<u>Job/Job Description/Work Package number</u>	<u>Date</u>
<u>Designated fall protection competent person</u>	<u>Contact number</u>
<u>Work Planner/Point of Contact</u>	<u>Contact number(s)</u>

Onsite rescue equipment (How will personnel assist fallen worker?)

	Tension straps for harness (to place feet into to relieve pressure on legs)		Crane with personnel basket
	Ladder		Other _____
	Aerial lift		Other _____
	Scaffold		Other _____

Pre-planning for rescue and fall protection equipment – what to consider:

List the individual(s) who will be the person(s) on the ground who can assist a fallen individual	
Rescue equipment inspected and found to be in serviceable condition	
Have safe anchor points been identified for use by the rescue team?	
List the adjacent hazards and site conditions that could affect rescue	
Identify an acceptable landing area	
List communication devices to be used, where they are located, and ensure they are tested.	
Ensure all rescuers are familiar with/trained in the use of the rescue equipment	

Fall Rescue Procedure	Describe the actions (insert/modify text as needed)
Initiate rescue assist equipment (<i>list the methods you will use to assist the fall victim relieve pressure from harness</i>)	Call x3131 (or 630-840-3131) prior to rescue attempt to initiate emergency response.
Attempt rescue assist of unconscious fall victim	<i>e.g. Attempt to reach victim and use aerial lift or other means to relieve pressure from harness.</i> Fire department to complete rescue of victim from harness.
Rescue assist with an aerial lift or rescuing fall victim from an aerial lift	<i>e.g. Rescue using ground controls or using second aerial lift</i>
Following rescue assist ensure the victim is seen by FFD/medical, then make notifications to line management and your ESH representative.	

Signatures: (Competent person, rescue plan coordinator and exposed worker(s))			
Name (Print)	ID Number:	Signature:	Date:

Attach form to Work Package/Hazard Analysis.