## **Fall Protection Rescue Plan**

This plan should be completed for all work at 3m or more in addition to the hazard assessment and safe work procedure

Job Number		Date			
Address		Tasks			
Completed By		Signature			
	Site / Task Spec	ific Informatio	n		
Nature of Work:					
Duration of Work	:				
Tools & Equipmer	nt Used:				
Safe Work Proced	ures Required:				
Weather:					
Site Supervisor:					
Site Safety Representative:					
	Fall Protection Sy	stems to be U	sed		
☐ Travel Restrain☐ Nets	nt Guardrails C Work Positioning	Personal Ha	rness		
Fall Protection / Arrest Components Used					
☐ Body Harness☐ Vertical Life Lin	Lanyard Horizontal Life Line	☐ Rope Gra☐ Connecto			
	Anchor Point Locati	ions & Descrip	tions		

## **Calculation of Fixed Anchor – Vertical & Horizontal Swing Clearance**

		Length (	metres)
		Worker 1	Worker 2
Α	Length of Lanyard		
В	Shock Absorber Elongated		
С	Harness Stretch (from top of head)		
D	Height of Worker		
Ε	Safety Factor (0.6m / 3')		
F	OVERALL MINIMUM CLEARANCE		

	1	0	
¢	V	0	
1	1		

Other workers (if applicable):

Worker 3: \_\_\_\_\_\_ (box F)

Worker 4: \_\_\_\_\_ (box F)

Worker 5: \_\_\_\_\_ (box F)

Worker 6: \_\_\_\_\_ (box F)

Worker 7: \_\_\_\_\_ (box F)

Worker 8: \_\_\_\_\_ (box F)

## **Rescue Plan**

Describe the procedure to follow if a worker needs to be rescued. If PPE is to be used (fall arrest) discuss suspension trauma with the workers. What methods will be used on site?

Self Rescue



- \*Access to window
- \*Access to ladder
- \*Can pull back onto the roof alone

Assisted Rescue



- \*Crew will assist
- \*Hoist worker back to roof
- \*Aerial lift required

Emergency Rescue



- \*Call 911
- \*Clear the area for emergency personnel to arrive

List life-saving equipment on site	L	.ist	life-sav	ing eq	uipm	ent o	n site:
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		F	Pre-Use Checklist
	PASS	FAIL	Safety Rep Signature:
Webbing			
D-Ring			Supervisor Signature:
Lanyard			
Connectors			Date: Time:
Hooks			
Stitching			*By singing this checklist, you acknowledge that all
Lifeline			equipment inspected meets the manufacturer and
Carabiners			company guidelines to be used safely.
Lifeline			
Travel Restraint			
Rope Grab			
*If anything "fails" removed from servi supervisor immedia	ice. Please no	otify the site	
		acknowled	Crew Signatures ge understanding of the rescue plan and all equipment that bu have received appropriate training in fall protection and

Crew Signatures  By signing off on this form, you acknowledge understanding of the rescue plan and all equipment that will or may be used is in good condition. You have received appropriate training in fall protection and will follow the company safe work procedure while working the tasks.			
Supervisor	Safety Rep		
Crew	Crew		