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WORKING AT HEIGHTS RESCUE PLAN

Site Name: _____ Supervisor: _____

Job Description: _____

Date: _____ Location: _____

Emergency Information

LOCAL CONTACTS – CALL **911** or _____

Police: _____ Ambulance: _____ Fire: _____

OTHER CONTACTS

Rescuer(s): _____

Emergency Contact: _____

Method of Contact: PA Verbal/In Person Phone: _____

Radio (Channel): _____ Other: _____

AVAILABLE RESCUE EQUIPMENT

- Ladder
- Alternative Lifting & Lowering Device
- Rescue Pole
- RSQ
- Rescue Rope
- First Aid Kit
- Scaffold
- Life Ring
- Crane
- RPD
- Aerial Lift
- R550

EQUIPMENT LOCATION

Jobsite Gang Box Tool Box Other: _____



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RESCUE FACTORS

Landing Area: _____

Anchor Point: _____

Obstructions or Hazards: _____

Other: _____

PREPARATION CHECKLIST

- Has rescue equipment been inspected and in good, working condition?
- Is the equipment adequate for the rescue plan?
- Have devices necessary for communication been identified and tested?
- Are all listed rescuers familiar with the use of the rescue equipment?
- If working over or near water, is there a boat available?
- Have alternatives to fall resist equipment been considered?

RESPONSE PROCEDURE

- 1) Notify Emergency Contact
- 2) Make medical assessment of at risk person
- 3) Make assessment of situation
 - a. If possible, have employee perform self-rescue
 - b. If necessary, contact 911 or other emergency services
- 4) _____
- 5) _____
- 6) _____