

421 Pfiefer Rd Coggins Home

# SCS Fall Rescue Plan

DATE:  JOB DESCRIPTION:   
  
LOCATION:

## CONTACTS

Rescuer(s):  
  
  
  
Competent Person:  
  
Emergency Contact:  
  
Method of Contact:  
 PA  Verbal/Face to Face  
 Radio Channel:   
 Phone Number:   
 Other:

## RESCUE EQUIPMENT

Ladder  
 Rescue Pole  
 Rescue Rope  
 Scaffold  
 Crane  
 Aerial Lift  
 Alternative Lifting & Lowering Device  
 RSQ  
 First Aid Kit  
 Life Ring  
 RPD  
 R550  
Location of Equipment:  
 Jobsite  
 Gang Box  
 Tool Box  
 Other:

## CRITICAL RESCUE FACTORS

Anchor Point:  
  
  
  
Landing Area:  
  
  
  
Rescue Obstructions or Hazards:  
  
  
  
Other:

## CHECK FOR YES

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

## COMMENTS

Describe the tasks that will be done prior to work to prevent a fall and the step-by-step process to be followed in the event of a fall.

## PRE-WORK TASKS:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

## RESPONSE PROCEDURE:

- 1) Notify Emergency Contact.
- 2) Make medical assessment of person.
- 3) If possible, have employee perform self-rescue.
- 4)
- 5)
- 6)

Revision #1

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