

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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