Fall Rescue Plan Guide Sheet

IMPORTANT: This document is intended to provide guidance you to develop your own safety documents for your company

Date: _____ **Scope of Work:** _____

Project Name/Location

_____

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Contacts	Rescue Equipment	Rescue Factors
Competent Person Name And Contact Information	_____ Ladder	**Anchor Point** _____
_____	_____ Rescue Rope	
_____	_____ Scaffold	**Landing Area** _____
_____	_____ Arial Lift	
_____	_____ Other-Describe Below	**Obstructions** _____

Rescuer Information

Name _____

Name _____

Method of contact

_____ **Two Way Radio Channel**

_____

_____ **Phone Number**

_____

Location Of Equipment

_____ **Job Site**

_____ **Roof Top Storage Box**

_____ **Other**

Write Out Details Of The Site Specific Rescue Plan Below

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