

Working at Height Rescue Plan

Date Completed: _____

Job Description: _____

Location: _____

Contact

Name of Competent Person: _____

Contact Number of Competent Person: _____

Name of Emergency Contact: _____

Contact Number of Emergency Contact: _____

Rescue Equipment

Ladder Aerial Lifting Device Rope Other (please specify) _____
Scaffold Pole First Aid Kit _____

Location of Equipment

As specifically as possible, describe where the rescue equipment is located:

Equipment Inspection

Has rescue equipment been inspected? Yes No

Is rescue equipment fit for purpose? Yes No

Are workers familiar with the use of rescue equipment? Yes No

Do you have backup equipment available? Yes No

Additional Comments:

Rescue Factors

Anchor Point: _____

Landing Area: _____

Obstructions or Hazards: _____

Other Information: