

Working at height rescue plan

Date completed: Location:

Job description:

Contact

Name of competent person:	<input type="text"/>
Contact number of competent person:	<input type="text"/>
Name of emergency contact:	<input type="text"/>
Contact number of emergency contact:	<input type="text"/>

Rescue equipment

Ladder Aerial lifting device Rope Other (please specify):

Scaffold First aid kit Pole

Location of equipment

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

Working at height rescue plan

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: