

Area Designation:	Location:
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Staging Area:

Category: <input type="checkbox"/> Non-IDLH <input type="checkbox"/> IDLH (Pre-Rigging for Rescue is Recommended)	Type: Elevated <input type="checkbox"/> YES <input type="checkbox"/> NO Congested <input type="checkbox"/> YES <input type="checkbox"/> NO	Means to Summon Rescue Team: <input type="checkbox"/> Phone <input type="checkbox"/> Intercom <input type="checkbox"/> Audible Signal <input type="checkbox"/> Pager <input type="checkbox"/> Radio <input type="checkbox"/> Other (Please Specify) _____
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Method of Rescue:

<input type="checkbox"/> Confirm that rescue equipment is inventoried and secured	Pre-rigging required? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Hauling System required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Lowering System required? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Lowering Area (describe) _____

Anchorage: Beam Truss Tripod Stairwell Anchored Steel Pipe Support Column
 Other (describe) _____

GOAL: To ensure a timely rescue (6 minutes or less for verbal or physical contact) of worker that is suspended by PFA, or has fallen to an inaccessible level that requires vertical rescue.

- Hierarchy of Rescue:**
1. Self-Rescue
 2. Assisted Non-technical (Ladders, Man-lifts, etc.)
 3. Assisted Non-committal Rescue (Gotcha Pole)
 4. Technical Rescue (Last Resort!)

Rescue Equipment Requirements (Indicate Quantity Needed)			
Anchor Connector(s)	Carabiners	Pulleys	
Manual Rope Grab(s)	Gotcha Pole/First-up Pole	Rescuer's PPE <i>(See Fall Hazard Survey Report)</i>	
Pre-engineered Rescue System	SRL Rescue Device		
Vertical Lifeline (Rescuer A/R)	Edge Roller		

Rescue Equipment Requirements (Indicate Quantity Needed)

Spinal Immobilization: <input type="checkbox"/> LSB <input type="checkbox"/> OSS	Stretcher: <input type="checkbox"/> SKED <input type="checkbox"/> STOKES
Cervical Collar	Medical Kit

ADDITIONAL PPE: (See Fall Hazard Survey)

Rescue Personnel (Last name, first initial)

NOTE: If more than one name listed, list in order of primary responsibility.

First Rescuer(s):		
Rigger:	Team Leader:	Top Watch:
Back-Up Rescuer:	Safety Officer:	Bottom Watch:
Competent Person:	Phone #:	
Report Completed By:	Date:	



Description / Plan of Action:

Sketch or Diagram:

Sample Only