

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) _____

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
Hauling System required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Lowering System required? <input type="checkbox"/> YES <input type="checkbox"/> NO
	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)		
<i>NOTE: If more than one name listed, list in order of primary responsibility.</i>		
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