Form Number LLCF-024	Issue Date 10/07/08	Revision Date 01/01/24	Form Number
	Fall Rescue Plan		LLCF-024

Dat	: Location				
Custome	r:	Supervisor	•		-
		<u> </u>			_
Overvi	ew Of Job:				
	Check Off List				
Quantity	Equipment Needed	Inspected By	Assigned To	<b>Emergency Contact</b>	t In Case Of Fall
Quantity	Radios	Inspected by	rissigned 10	Emergency Contac	t III Cuse Of I uii
	Beam Clamps (For Fall Protection)				
	Carabineers				
	Crane –Forward or Aft				
	D Ring Strap		De	signated Standby Per	sonnel
	Fall Retrieval Equipment				
	Full Body Harness				
	Horizontal Life Line				
	Ladder				
	PFD's (w/ lights if dark)				
	Self Retracting Lanyard (SRL)				
	Alternative Rescue Method		Location/Num	<mark>iber of Nearest Comn</mark>	nunication System
	Spider				
	Alternative Cutting Tools				
	SRL w/ Hand Crank				
	Vertical Life Lines				
Step #	# DETAILED STEPS OF RESCUE PLAN ASSIGNED			ASSIGNED TO	
1	Initial staging and setup of rescue ed	quipment.			
2	Determine the extent of any injury to fallen worker.				
3	Locate & select an anchor point as of	Locate & select an anchor point as directly over the fallen worker as possible.			
4	Select & attach the anchor connector to anchor point.				
5	Select & attach the top of the rescue block & tackle to the anchor connector.				
6	Attach the pole adapter to the end of the recovery pole.				
7	Attach the remote hook to the pole adapter.				
8	Attach the bottom of the rescue block & tackle to the anchor connector.				
9	Lower the remote hook to the fallen workers D-Ring. Once engaged pull in an upward motion to lock the remote hook in place.				
10	Begin to raise fallen worker by pulling on the free-end of the rope on the rescue block & tackle.				
11		Once the fallen worker can be physically reached, tie the free-end of the rope to the nearest structure.			
12	Pull the fallen worker to safety.				
13	Asses the fallen workers injury.		1 ' 1 6 11'		
14	Provide appropriate First Aid measu to prevent further injury & to prepar				
15	Accompany the fallen worker to the	assigned medical facility.			

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Diagram of Fall Protection/Fall Rescue (Optional)				
NOTE: When job is complete the Rescue & Fall Protection Equipment will be inspected & properly stored.  Crew Member Signature				
1	11			
2	12			
3	13			
4	14			
5	15			
6	16			
7	17			
8	18			
9	19			
10	20			