

Form Number LLCF-024	Issue Date 10/07/08	Revision Date 01/15/25	Form Number LLCF-024
<b>Fall Rescue Plan</b>			

<b>Date:</b> _____	<b>Location</b> _____
<b>Customer:</b> _____	<b>Supervisor</b> _____

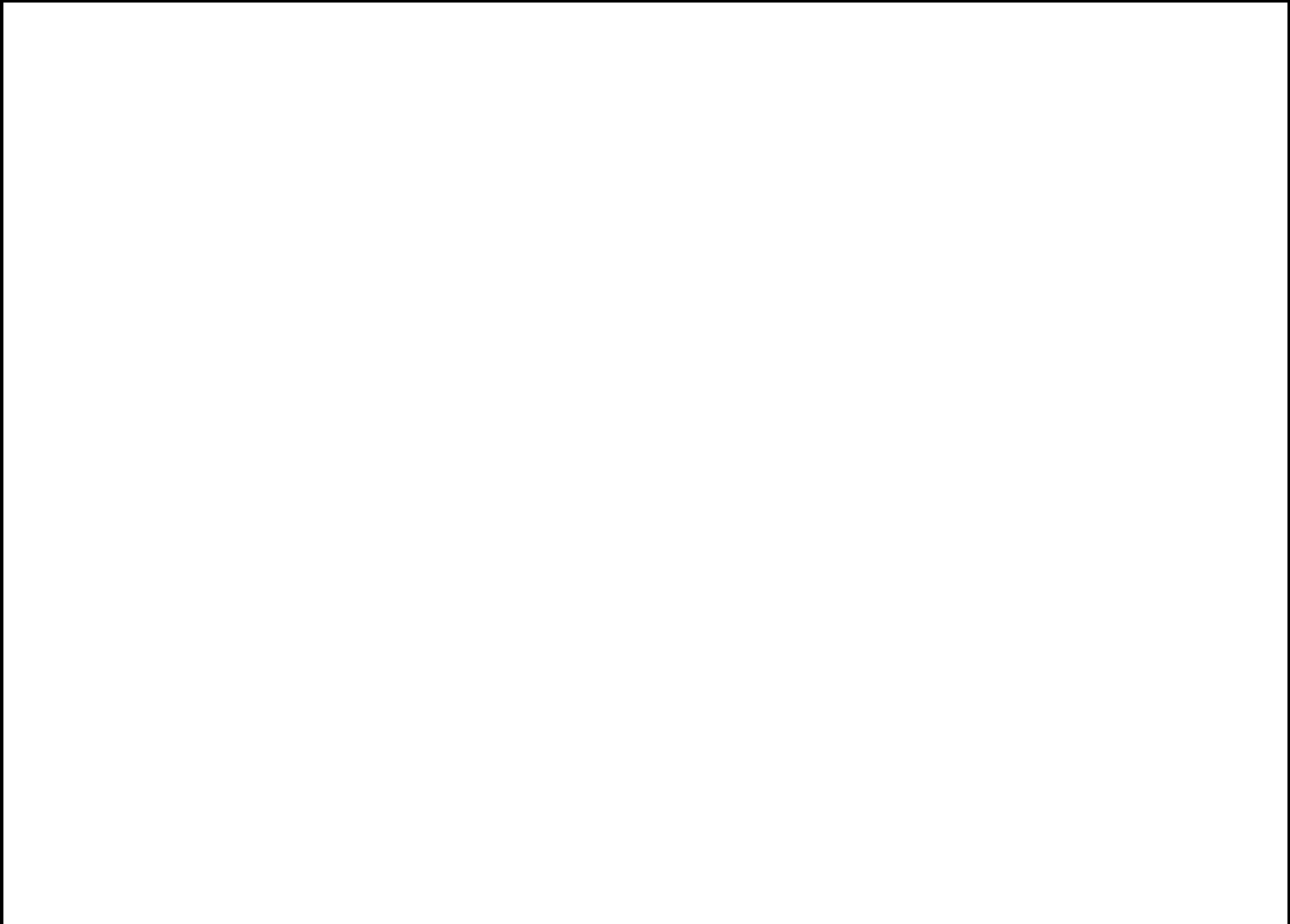
**Overview Of Job:** \_\_\_\_\_

Check Off List				
Quantity	Equipment Needed	Inspected By	Assigned To	Emergency Contact In Case Of Fall
	Radios			
	Beam Clamps (For Fall Protection)			
	Carabineers			
	Crane –Forward or Aft			
	D Ring Strap		<b>Designated Standby Personnel</b>	
	Fall Retrieval Equipment			
	Full Body Harness			
	Horizontal Life Line			
	Ladder			
	PFD’s (w/ lights if dark)			
	Self Retracting Lanyard (SRL)			
	Alternative Rescue Method		<b>Location/Number of Nearest Communication System</b>	
	Spider			
	Alternative Cutting Tools			
	SRL w/ Hand Crank			
	Vertical Life Lines			

Step #	DETAILED STEPS OF RESCUE PLAN	ASSIGNED TO
1	Initial staging and setup of rescue equipment.	
2	Determine the extent of any injury to fallen worker.	
3	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.	
14	Provide appropriate First Aid measures including the possibility of placing the falling worker onto a spine board to prevent further injury & to prepare for transport. (Remember: Suspension Trauma: Slowly straighten legs)	
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**

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