

Form Number LLCF-084	Issue Date 07/22/16	Revision Date 01/01/24	Form Number LLCF-084
<b>Rope Access Rescue Plan</b>			

**JOB INFORMATION**

<b>Client</b>		<b>Facility Location</b>	
<b>Job No.</b>		<b>Level III Name</b>	
<b>Work Location</b>		<b>Date</b>	
<b>Task Description</b>			

**ACCESS** *(Check the relevant boxes and enter further detail where appropriate)*

<input type="checkbox"/>	Appropriate equipment available	<input type="checkbox"/>	Climbing with cow's tails
<input type="checkbox"/>	Abseil in / abseil out	<input type="checkbox"/>	Suspended aid climbing
<input type="checkbox"/>	Abseil in climb out	<input type="checkbox"/>	Lead climbing (separate assessment)
<input type="checkbox"/>	Rope transfers	<input type="checkbox"/>	Fall arrest climbing
<input type="checkbox"/>	Deviation / rebelay / knots to pass	<input type="checkbox"/>	Over water
<input type="checkbox"/>	Other (Describe):		

Additional Details	
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**RIGGING** *(Check the relevant boxes and enter further detail where appropriate)*

<input type="checkbox"/>	Anchors assessed as 100% reliable	<input type="checkbox"/>	Path of ropes checked for hazards
<input type="checkbox"/>	Anchors will sustain 15kN minimum	<input type="checkbox"/>	Deviation / rebelay / knots in system
<input type="checkbox"/>	Basic anchor system deployed	<input type="checkbox"/>	Rope protection required
<input type="checkbox"/>	Small Y hang	<input type="checkbox"/>	Knots in end of ropes
<input type="checkbox"/>	Large Y hang	<input type="checkbox"/>	Other

Additional Details	
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**RESCUE** *(Check the relevant boxes and enter further detail where appropriate)*

<input type="checkbox"/>	Appropriate rescue kit at site	<input type="checkbox"/>	Descent past deviation / rebelay / knots
<input type="checkbox"/>	All personnel briefed in plan	<input type="checkbox"/>	Rope transfer with casualty
<input type="checkbox"/>	Pre-rigged lower	<input type="checkbox"/>	Cross-haul casualty
<input type="checkbox"/>	Pre-rigged haul	<input type="checkbox"/>	Use of tensioned lines (tramways)
<input type="checkbox"/>	Pick-off and descent separate ropes	<input type="checkbox"/>	Emergency contacts known (Specify below)
<input type="checkbox"/>	Pick-off and descent same ropes	<input type="checkbox"/>	Sky hook
<input type="checkbox"/>	Over side rescue	<input type="checkbox"/>	Other

**RISK ASSESSMENT** *(Tools Used)*

<input type="checkbox"/>	Generic TBRA	<input type="checkbox"/>	Workplace	<input type="checkbox"/>	Personal Last Minute
<input type="checkbox"/>	Desktop	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>	Tool Box Talk

