Site Address: ……………………………… …………………………………………………

Rescue Plan Ref. No………………………………………………………………………..:

Location on site:……………………………………………………………………………….

**Job /Task:**

Job No: ………………………………….

|  |
| --- |
| **Names of operatives to be involved in work at height:** |
| **Name;** | **Contact No;** |
| **Name;** | **Contact No;** |
| **Name;** | **Contact No;** |
| **Signature of person responsible for work at height rescue:** | **Date:** |
| **What communication systems will be used between the rescue party and the operatives carrying out the task**? |
| Direct voice communication  | **Yes** | **No** | **Comments** |
| Whistle |  |  | Line of sight |
| Mobile Phone  |  |  | Check signal |
| Two Way Radio  |  |  | Check frequency not compromised |

|  |
| --- |
| **Description of work to be carried out;** |

|  |
| --- |
| **Emergency Contact;** In the event of an emergency / fall from height the Supervisor must immediately alert:**Rescue team and first aid assistance contact details;** |
| **Name;** | **Contact No;** | **Comments:** |
| **Name;** | **Contact No;** |  |
| **Name;** | **Contact No;** |  |
| **First Aiders: (Check in date)** |
| **Name;** | **Contact No;** |  |
| **Name;** | **Contact No;** |  |

Casualties Location, height above / below floor…………………………………………………:

**If the site rescue team is unable to affect a rescue within 10 minutes a 999 call for the Emergency Services must be made**

|  |
| --- |
|  **Safety of Rescuers:**   |
| Are operatives trained competent & in date in use of rescue equipment? | **Yes** | **No** |
| Are sufficient numbers of rescuers available?  |  |  |
| Is the rescue equipment selected suitable for task?  |  |  |
| What obstructions are in the way of reaching the casualty? |  |  |
| Have assessments been made of anchor points, are tests in date? |  |  |
| Has consideration been made to the method of attaching the casualty? |  |  |
| **How will rescuers reach casualty:** | **Yes** | **No** |  | **Yes** | **No** |
| Rescue ladder  |  |  | Crane Man Basket |  |  |
| Key to building roof |  |  | Remote Rescue Kit |  |  |
| Pull casualty in through window or balcony |  |  | Elevator |  |  |
| Aerial Equipment from ground |  |  | Climb / abseil  |  |  |
| Pull casualty up through roof/ slab/ floor |  |  |  |  |  |
| Suspended Access Equipment |  |  |  |  |  |
| **What equipment is needed to effect rescue within 10 minutes to minimize suspension trauma?** |
| Rescue Ladder | **Yes** | **No** | Crane Man Basket  | **Yes** | **No** |
| Rescue Kit Winch  |  |  | Suspended Access Equipment |  |  |
| Rescue Kit Haul |  |  | Climbing rope rescue system  |  |  |
| Descent Rescue Kit |  |  | Stretcher  |  |  |
| First Aid Kit  |  |  | Other |  |  |
| **If the operative is injured;**  |
| Can the casualty still be reached in 10 minutes?  | **Yes** | **No** |
| Qualified First Aider present understands suspension trauma? |  |  |
| Who and how will the Emergency Services be alerted?  |  |  |

**IF IN DOUBT CONSULT CHST**

**Other Considerations:**

Lone Working Precautions (Detail): ………………………………………………………

…………………………………………………………………………………………………

Unusual Site Features/Building Structure (Detail): ………………………………………

………………………………………………………………………………………………….

Weather Conditions (Detail): ………………………………………………………………

Proximity to Emergency Services / Hospital (Detail): …………………………………….

**Work at Height Rescue Plan Approved By;**…………………………………………….

**Rescuer in Charge**

Name (print) ………………………………………… Position …………………………..

Signature …………………………………………….. Date ………………………………

**Approval of Work at Height Rescue Plan:**

**Work at Height Supervisor**

Name (print)………………………………………… Position ……………………

Signature ……………………………………………. Date ……………………..