

**Rescue Plan**

A rescue plan must be completed for every time that personal fall protection, fall arrest, is used. Include the names of all users who will be performing work while wearing fall arrest equipment. An attendant is required at all times. The attendant must **remain in direct contact** with the users. The attendant must be familiar with the dangers of suspension trauma and have immediate access to medical emergency services. Any deviation **must obtain prior approval** from their supervisor.

Date: \_\_\_\_\_

Building name and room number: \_\_\_\_\_

Name of user(s): \_\_\_\_\_

Name of attendant(s):  
\_\_\_\_\_

Will the attendant use a cell phone or land line to contact emergency services, and where is it located?

\_\_\_\_\_  
\_\_\_\_\_

What rescue equipment is immediately available in the event of a fall?

\_\_\_\_\_  
\_\_\_\_\_

Describe obstacles and obstructions that would hinder rescue operations in the event of a fall.

\_\_\_\_\_  
\_\_\_\_\_

How will prompt rescue occur?

\_\_\_\_\_  
\_\_\_\_\_

Are trauma straps present on the personal fall protection equipment being used?

\_\_\_\_\_