Fall Protection Equipment Selection – To be completed by Unit Fall Protection Competent Person

<table>
<thead>
<tr>
<th>Item</th>
<th>Size:</th>
<th>Length:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harness</td>
<td>☐ S</td>
<td>☐ M</td>
</tr>
<tr>
<td>Retractable Lanyard</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shock-absorbing Lanyard</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Double-leg Retractable Lanyard</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rope and Rope Grab</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dead Weight Anchor Point</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Temporary anchor point(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Warning Lines</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Warning Lines w/ Safety Monitor</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Completed by: ___________________________  ___________________________  ___________________________
Competent Person  Name  Signature
Rescue Plan – To be completed by Unit Fall Protection Competent Person

Date: __________________ Location: __________________

Job Description

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Contacts

Rescuer(s): __________________

____________________________________________________________________________________

____________________________________________________________________________________

Emergency Contact

Call 911, request Technical Rescue Team

Method of Contact:

☐ PA
☐ Face-to-face
☐ Radio Frequency: __________________
☐ Phone Number: __________________
☐ Other __________________

Describe the tasks that will be done prior to work to prevent a fall and the step by step process that will be followed in the event of a fall.

Pre Work Tasks:

1. __________________
2. __________________
3. __________________
4. __________________
5. __________________
6. __________________

Response Procedure:

1. Notify Emergency Contact. **Call 911 and request technical rescue**
3. If possible have employee perform self-rescue.
4. __________________
5. __________________
6. __________________
Rescue Equipment (Check all that apply)

☐ Ladder  ☐ Rescue Rope  ☐ Alternative Lifting & Lowering Device
☐ Rescue Pole  ☐ Aerial Lift  ☐ First Aid Kit
☐ Scaffold  ☐ Crane  ☐ Other ________________________________

Location of Equipment at job site: ____________________________________________

Critical Rescue Factors:
Anchor Point ________________________________
Landing Area ________________________________
Rescue Obstructions/Hazards ________________________________

☐ Have alternatives to using fall arrest equipment been considered?
☐ Has rescue equipment been inspected and found in good shape?
☐ Is equipment adequate for the rescue plan?
☐ Have communication devices been identified, located, & tested?
☐ Are all rescuers familiar with the use of the rescue equipment?
☐ If working over water, is there a boat available?

Completed by:
Competent Person __________________________________ Signature __________________

Reviewed by: ____________________________ Signature __________________

Name __________________________________

Name __________________________________