### Fall Protection Equipment Selection

To be completed by Unit Fall Protection Competent Person

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

Reviewed by:
Name __________________________ Signature __________________________

University of Illinois at Urbana-Champaign  http://www.fs.illinois.edu/services/safety-and-compliance