Form FRP		/A	
	Fall Rescue Plan	Energy Services, LLC	

Date	e: Location				
Custome	r:	Supervisor			•
Overvi	ew Of Job:				
		-	1		-
	Check Off List				
Quantity	Equipment Needed	Inspected By	Assigned To	Emergency Contac	t In Case Of Fall
	Radios				
	Beam Clamps (For Fall Protection)				
	Carabineers				
	Crane –Forward or Aft				
	D Ring Strap		De	signated Standby Per	sonnel
	Fall Retrieval Equipment				
	Full Body Harness				
	Horizontal Life Line				
	Ladder				
	PFD's (w/ lights if dark)				
	Self Retracting Lanyard (SRL)				
	Alternative Rescue Method		Location/Num	nber of Nearest Comm	nunication System
	Spider				-
	Alternative Cutting Tools				
	SRL w/ Hand Crank				
	Vertical Life Lines				
Step #	DET	CAILED STEPS OF RES	SCUE PLAN		ASSIGNED TO
1	Initial staging and setup of rescue e	quipment.			
2	Determine the extent of any injury to fallen worker.				
3	Locate & select an anchor point as directly over the fallen worker as possible.				
4	Select & attach the anchor connector to anchor point.				
5	Select & attach the top of the rescue block & tackle to the anchor connector.				
6	Attach the pole adapter to the end of the recovery pole.				
7	Attach the remote hook to the pole adapter.				
8	Attach the bottom of the rescue block & tackle to the anchor connector.				
9	Lower the remote hook to the fallen workers D-Ring. Once engaged pull in an upward motion to lock the remote hook in place.				
10	Begin to raise fallen worker by pulling on the free-end of the rope on the rescue block & tackle.				
11	Once the fallen worker can be physically reached, tie the free-end of the rope to the nearest structure.				
12	Pull the fallen worker to safety.				
13	Asses the fallen workers injury.				
14	Provide appropriate First Aid measures including the possibility of placing the falling worker onto a spine board to prevent further injury & to prepare for transport. (Remember: Suspension Trauma: Slowly straighten legs)				
15	Accompany the fallen worker to the assigned medical facility.				

Fall Rescue Plan



Diagram of Fall Protection/Fall Rescue (Optional)					
N/	TTE. When ich is complete the Descript & Fell Ductoot	ion Equipment will be inspected to managery stored			
NOTE: When job is complete the Rescue & Fall Protection Equipment will be inspected & properly stored. Crew Member Signature					
1	11				
2	12				
3	13				
4	14				
5	15				
6	16				
7	17				
8	18				
9	19				
10	20				