



Rescue Plan

Date: _____

Location: _____

Task Description:

Rescuers	Rescue Equipment	Anchor Point
	<input type="checkbox"/> Ladder	
	<input type="checkbox"/> Rescue Pole	
	<input type="checkbox"/> Rescue Rope	
	<input type="checkbox"/> Scaffold	Landing Area
	<input type="checkbox"/> Crane	
	<input type="checkbox"/> Aerial Lift	
Emergency Contacts	<input type="checkbox"/> Alternative Lifting &Lowering Device	Obstructions/Hazards
Comments		