**Rescue Planning Worksheet Attachment C.2**

This document is intended to provide guidance for developing a task-specific rescue plan.

**Task Description:**

**Location:**

**Date Work to Be Performed:**

**Can This Document Be Used For Future Events of Performing the Same Task:**  Yes  No

**Competent Rescuer:** **Date:**

**Lead Authorized Rescuer:**

**Authorized Rescuers:**

Name Duties/Position First Aid Trained

 Yes  No

 Yes  No

 Yes  No

 Yes  No

Planned Method of Rescue:

**Rescue Equipment Requirements:**

 Self-Rescue  Ladder  Scaffold  Aerial Lift

**PFAS Needed for Rescue:**

 Pre-engineered Rescue System  Ascender Device  Descender Device  Carabiners

 Pulleys  Rope Grabs  Vertical Lifeline  SRL Rescue Device

**Emergency Numbers**

Competent Rescuer

Supervisor

Safety Manager

Medical 911 Nearest Medical Facility