JOBSITE FALL RESCUE PLAN

Rescue Readiness, Legal Applicability, and Operational Verification

Employer-developed template. NOT an OSHA-prescribed form. Complete for the actual worksite. A signed or checked form does not certify that a rescue system is effective or safe. The employer must meet applicable legal duties and follow verified procedures and manufacturer instructions.

A. Project and Document Control

Field	Entry
Project / employer / contractor	[ ]
Full physical address	[ ]
Building, structure, work area	[ ]
Task and work elevation	[ ]
Applicable federal / State Plan rules	[ ]
Working hours and shift	[ ]
Plan ID, revision, preparation date	[ ]
Work supervisor and contact	[ ]
Emergency card ID / placement location	[ ]

B. Applicable OSHA Rescue Requirement

- ☐ Construction, 29 CFR 1926.502(d)(20): prompt rescue or assured employee self-rescue.
- ☐ General industry, 29 CFR 1910.140(c)(21): prompt rescue.
- ☐ Other specialized standard, if applicable: [cite section].

Construction approach selected: [ ] Employer-provided prompt rescue [ ] Assured self-rescue.

Evidence supporting the selected approach: [procedure, equipment, competent persons, worker capability, location, access, limits].

Foreseeable incapacity analysis: [Assess injury, loss of consciousness, entanglement, inability to reach controls, equipment limitations. Explain how these affect the actual rescue approach.]

Critical caution: An N/A or “voluntary” designation cannot waive a binding rescue duty. Section 1926.502(d)(20) does not expressly require two rescue systems everywhere; a real assurance of self-rescue cannot be based on an unsupported assumption that the worker will remain able to act.

Additional employer policy (separate from legal minimum):

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Employer control	Adopted?	Written policy reference
Aided rescue contingency for foreseeable incapacity	[ ]	[ ]
Written task-specific plan / diagram	[ ]	[ ]
Controlled rescue exercise	[ ]	[ ]
Technical/independent verification	[ ]	[ ]
Extra personnel/equipment or no-go criteria	[ ]	[ ]

C. Anticipated Suspension Scenario

PFAS: [Manufacturer / model / serial / harness attachment / connectors / system inspection record].

Likely hanging position: [Below roof edge / along wall / beneath steel / between members / below platform / other].

Worst credible suspended position: [Body orientation, obstructions, sharp edges, swing clearance, loads, exposure, potential airway difficulties if incapacitated].

Access and extraction route: [Specify route and landing area].

Rescue configuration sketch ID / revision: [ ]

D. Primary Method and Technical Reference

Selected procedure: [Self-rescue / suitable access / manufacturer-designed retrieval / controlled descent / external technical rescue / other].

Procedure ID and revision: [ ]

Approved equipment and manufacturer references: [ ]

Permitted configuration and limits: [ ]

Required personnel and training: [ ]

Can method reach actual hanging position? [Evidence].

If self-rescue: factual assurance that workers can operate equipment under anticipated conditions: [Evidence].

Assessment of a worker unable to assist: [Findings; additional response arrangement or explanation of selected legal approach].

Reviewer / competency / date: [ ]

E. Backup Arrangement / External Service

Failure conditions triggering backup: [ ]

Alternate method and procedure ID: [ ]

Personnel and equipment: [ ]

Evidence of feasibility: [ ]

External service relied upon: [Organization/contact/capability/availability/actual roof or high-angle access/verification date].

Unverified or unavailable capability: [Record the work restriction, required corrective action, and person responsible for resolving it].

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F. Rescue Readiness Evidence Register

Record Pass, Fail or N/A, evidence reference, verifier and date. Every N/A must have a rationale. **A condition essential to meeting the selected legal rescue requirement cannot be waived by N/A.**

Assessment	Result	Evidence ID / verification
Applicable regulatory duty determined	[ ]	[ ]
Primary method and scenario match	[ ]	[ ]
Worker position/access established	[ ]	[ ]
Self-rescue capability assured if selected	[ ]	[ ]
Foreseeable incapacity evaluated	[ ]	[ ]
Rescue equipment and connectors compatible	[ ]	[ ]
Anchorage and complete system technically suitable	[ ]	[ ]
Support/transfer/extraction procedure defined	[ ]	[ ]
Rescuer fall protection verified	[ ]	[ ]
Clear recovery route and landing area	[ ]	[ ]
Competent personnel available on actual shift	[ ]	[ ]
Primary and backup communications tested	[ ]	[ ]
External responders verified, if relied upon	[ ]	[ ]
OSHA medical/first-aid duties assessed	[ ]	[ ]
Contractors and changes coordinated	[ ]	[ ]
Exercise performance and corrective action reviewed	[ ]	[ ]

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Assessment	Result	Evidence ID / verification
Quick emergency card complete, approved and placed	[ ]	[ ]

Unresolved critical findings: [ ]

Corrective action / owner / target / verification: [ ]

Determination: [ ] Ready for this defined work area [ ] Additional review [ ] No-go, capability not established.

G. Equipment and Anchorage Inventory

Item	Manufacturer / model / ID	Storage	Inspection reference
PFAS equipment	[ ]	[ ]	[ ]
Rescue system	[ ]	[ ]	[ ]
Raising/lowering or descent device	[ ]	[ ]	[ ]
Rope/lifeline and connectors	[ ]	[ ]	[ ]
Rescuer fall protection	[ ]	[ ]	[ ]
Edge protection/access equipment	[ ]	[ ]	[ ]
Radios/backup communication	[ ]	[ ]	[ ]
First-aid resources	[ ]	[ ]	[ ]

Primary rescue anchor ID/physical location: [ ]

Supporting structure and loading/configuration verification: [Drawing/calculation/system assessment reference, qualified reviewer].

Alternative anchor if applicable: [ ]

Manufacturer instructions and compatibility evidence: [ ]

Impact-loaded PFAS removal/inspection procedure: [ ]

Note: Construction §1926.502(d)(15) PFAS anchorage criteria must not be treated as a complete rescue system design specification.

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H. Personnel and Multi-Employer Coordination

Function	Name and employer	Contact / shift	Competence/coordination record
Exposed employees' employer	[ ]	[ ]	[ ]
Incident coordinator	[ ]	[ ]	[ ]
Rescue leader and designated rescuers	[ ]	[ ]	[ ]
Worker observer	[ ]	[ ]	[ ]
EMS caller	[ ]	[ ]	[ ]
Site access / gate contact	[ ]	[ ]	[ ]
Medical / first-aid personnel where required	[ ]	[ ]	[ ]
External technical rescue, if relied upon	[ ]	[ ]	[ ]
Controlling / other coordinating contractor	[ ]	[ ]	[ ]

Shift-change notification method and backup staffing: [ ]

Multiple-employer communication record: [Date/meeting/participants/issues]. Coordination does not automatically transfer OSHA duties among employers. OSHA Multi-Employer Citation Policy.

I. Emergency Communications and Access

911 availability: [Yes/No]; **site emergency number:** [ ]; **primary radio/channel:** [ ]; **backup method:** [ ].

Main/alternate site entrances: [ ]; **gate/security instructions:** [ ]; **EMS vehicle staging:** [ ]; **rescue equipment location:** [ ].

Site address and posted location/coordinate information: [ ]; **access guide:** [ ].

What to do on worker-contact or team-radio loss: [ ]

J. Construction Medical and First-Aid Compliance, 29 CFR 1926.50

This checklist is for construction. Other industries should assess their separately applicable duties (including §1910.151 when relevant).

Regulation	Assessment / record
(a) Medical personnel available for occupational-health advice and consultation	[contact / evidence]

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Regulation	Assessment / record
(b) Provisions made before project for prompt medical attention for serious injury	[ ]
(c) Suitable medical facility/physician reasonably accessible in time/distance? If not, valid documented first-aid-trained person available at site	[yes/no / evidence]
(d)(1) First-aid supplies easily accessible when required	[ ]
(d)(2) Weatherproof kit, individually sealed packages; checked before job and at least weekly on site	[last check / record]
(e) Suitable prompt transport equipment or ambulance-contact system	[ ]
(f)(1) Where 911 unavailable, required phone numbers conspicuously posted	[ ]
(f)(2)(i) Where 911 available and communication system used, system effectively contacts EMS	[ ]
(f)(2)(ii) If system does not automatically transmit caller latitude/longitude, required site-location information posted, unless qualifying readily available 911 location-identifying landline exception applies	[evidence / N/A rationale]

Site-specific location description for responders: [ ]

Medical facility / on-site first aider as applicable: [ ]

§1926.50(g) corrosive exposure emergency flushing if applicable: [ ] (separate from fall rescue).

K. Hazards and Rescuer Protection

Hazard	Control / person responsible
Unprotected roof/scaffold edge	[ ]
Fragile roof or unstable steel	[ ]
Electrical conductor/energized equipment	[ ]
Crane load or moving machinery	[ ]
Falling objects / traffic	[ ]
Sharp edges / line abrasion / entanglement	[ ]

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Hazard	Control / person responsible
Weather / wind / poor visibility	[ ]
Inaccessible landing / rescue route	[ ]

Rescuer PFAS/access control and exclusion zone: [ ]

L. Incident Coordination (NOT Technical Rigging Instructions)

1. Recognize fall, stop affected operations and notify designated rescue team.
2. Contact EMS under the plan, supply exact location, guide responders.
3. Confirm actual observed suspended position and worker's observed condition; do not delay rescue to complete paperwork.
4. Protect rescuers and control surrounding hazards.
5. Follow the preselected, verified technical rescue procedure with trained personnel.
6. If method is inapplicable, activate the pre-established alternative; do not improvise rigging or anchorages.
7. Provide EMS fall, injury, consciousness and suspension history.
8. Remove impact-loaded PFAS from service as required and begin incident review.

Technical procedure ID/location: [ ]

M. Rescue Exercise: Define Success Before the Test

Exercise ID / date / shift / place: [ ]

Tested scenario / worker position / equipment configuration: [ ]

Representative of work conditions? [Yes/No; discrepancies].

Pre-established job-specific acceptance criteria (specify the observable pass condition and evidence for each; base the criteria on the verified procedure and actual site conditions):

Stage / capability	Acceptance criteria set BEFORE exercise	Observation & measured duration if actually taken	Result
Emergency recognition/reporting	[ ]	[ ]	[ ]
Mobilization of required personnel	[ ]	[ ]	[ ]
Equipment retrieval and deployment	[ ]	[ ]	[ ]
Safe access to simulated worker	[ ]	[ ]	[ ]
Approved support/transfer/retrieval procedure	[ ]	[ ]	[ ]

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Stage / capability	Acceptance criteria set BEFORE exercise	Observation & measured duration if actually taken	Result
Rescuer fall protection and hazard controls	[ ]	[ ]	[ ]
EMS notification / correct location transfer	[ ]	[ ]	[ ]
Backup method / changed condition, if tested	[ ]	[ ]	[ ]

Result terminology (EMPLOYER-DEFINED; NOT OSHA classification): Demonstrated / Partially demonstrated / Not demonstrated / N/A with documented rationale.

Overall finding and critical failures: [ ]

Corrective actions / owner / completion date: [ ]

Proof correction was effective: [ ]

Final operational readiness reviewer/approver: [name, competence, date].

Revalidation triggers: new equipment or anchor; different access route, position, shift, staff, structure or work process; adverse exercise/incident findings.

Measured exercise durations are context-specific observations, not universal OSHA compliance limits or guarantees of future emergency response times.

N. One-Page Emergency Card: Controlled Issue and Approval

Complete the companion emergency card from the verified rescue arrangements in this plan. Check the contacts, location, equipment, procedure references, access route, and limitations. Issue the completed, supervisor-signed card under the employer's document controls before posting it. Keep the full technical rescue procedure available at the location shown on the card.

Card ID / revision / date / work area: [ ]

Full approved technical rescue procedure ID and revision: [ ]

Exact physical or offline location of the full procedure: [ ]

Card location accessible to affected workers and designated rescuers: [ ]

Card issue checklist: supervisor to verify before signature:

- ☐ The site-specific full rescue plan and technical procedure are actually approved and accessible.
- ☐ The card identifies the **correct work area**, anticipated hanging position, and full 911 address (two short address lines where necessary).
- ☐ Emergency contacts, designated personnel, rescue method, backup reference, equipment location and verified anchorage reference agree with the current full plan.
- ☐ EMS entry, staging and known critical hazards / no-go limitations are current.
- ☐ The technical **procedure ID and where to retrieve the complete procedure** are explicitly provided and accessible offline when needed.
- ☐ All card fields display legibly when filled and **printed**; use short identifiers, not long narratives. Put detailed information in the full procedure, not a clipped card field.
- ☐ No required field is blank. If an item is not applicable, explain it in the full plan; a blank or 'N/A' entry must not waive a binding duty.

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- ☐ The card matches this plan's revision and no obsolete copy remains posted.
- ☐ Authorized supervisor completed a **real ink signature on the posted copy**, or the employer's verified e-signature and controlled issue process was applied.

Issuing supervisor name / signature / issue date: [ ]

Printed / posted copy location and version-control record: [ ]

Withdrawn/superseded copy record (when applicable): [ ]

Planned hanging location: [Pre-task entry]

Actual observed hanging location: [Incident-only notation, if practicable; do not delay rescue]

A blank, unsigned, outdated or unverified card is **not active**. The card must identify the complete approved technical procedure and its storage location; it does not contain or replace technical rigging instructions.

O. Stop-Work / Authorization Decision

Do not proceed if the selected applicable rescue obligation is not effectively addressed. Additional company no-go criteria may cover unavailable equipment/personnel, unverified anchors, inaccessible worker positions, failed emergency communication, insufficient medical arrangements, or uncorrected critical exercise findings. Clearly identify whether each restriction comes from a binding rule, the technical system's operating limits, or extra employer policy.

Unresolved condition / source / responsible person / verification before restart: [ ]

P. Sign-Off and Revision Control

Prepared by: _____ Date: _____

Rescue leader review: _____ Date: _____

Technical reviewer, if needed / credentials / evidence: _____ Date: _____

Employer supervisor authorization: _____ Date: _____

Effective area/shift: _____ Revision: _____

Next review trigger/date: _____

Before authorizing work, verify the rescue method for the actual work area, suitable equipment, personnel competence, medical arrangements, manufacturer instructions, and applicable duties. Review the arrangements after an incident, failed exercise, equipment change, or material change in the work.

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