

# Manildra Group Safety Form - Working at Heights Rescue Plan



**A Working at Heights Permit is to accompany this Document.**

## Job Specifications

Site name		Location on site	
Description of the task			

## Workers

Names of Workers who are involved in the work at height:

1		5	
2		6	
3		7	
4		8	

## Communications

Methods to be employed between the suspended worker and supervisor / rescue team are:

<input type="checkbox"/> Direct voice communication	<input type="checkbox"/> Mobile phone
<input type="checkbox"/> Whistle	<input type="checkbox"/> Two-way radios/headsets

## Emergency Contacts

	Name	Contact no.
Rescue team:		
First aider(s): (able to treat suspension trauma)		
Nearest hospital/emergency:		

## Safety of the Rescuers

Are operators trained competent & in date in use of rescue equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are rescue training records in date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there a sufficient number of rescuers available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is rescue equipment selected appropriate for nature of work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What obstructions are in the way of reaching the suspended operator? (Detail below)		
Have assessments been made of anchor points, and are they in date for test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has consideration been made to method of attaching casualty? (Detail below)		

How will rescuers get to casualty?			
Rescue ladder system	<input type="checkbox"/>	Rescue haul system	<input type="checkbox"/>
Keys to building & roof	<input type="checkbox"/>	Elevator	<input type="checkbox"/>
Pull casualty in through window / balcony	<input type="checkbox"/>	Pull casualty up through floor/slab/roof	<input type="checkbox"/>
Climb / abseil down building / structure	<input type="checkbox"/>	Suspended access equipment	<input type="checkbox"/>
Aerial equipment from ground	<input type="checkbox"/>	Crane man basket	<input type="checkbox"/>
Mobile Elevated Work Platform	<input type="checkbox"/>		

What equipment is needed to ensure rescue within 5 minutes? ( to avoid suspension trauma)			
Rescue ladder	<input type="checkbox"/>	Rescue haul system	<input type="checkbox"/>
Toxic shock strap	<input type="checkbox"/>	Suspended access equipment	<input type="checkbox"/>
Ropes	<input type="checkbox"/>	Mobile EWP	<input type="checkbox"/>
Climbing / rope rescue system	<input type="checkbox"/>	Crane man basket	<input type="checkbox"/>
Aerial ladder truck	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>
Stretcher	<input type="checkbox"/>		

Other considerations: Detail as appropriate		
Weather conditions:		
Proximity to emergency services / hospital:		
Are all personnel involved with the work aware of the recovery plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, discuss recovery plan with all associated personnel.
Are competent personnel able to assist with the recovery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, discuss with your supervisor or coordinator.
Is the recovery equipment available suitable for the type of recovery likely to be performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, then re-evaluate the task/job with consideration to the likely scenario.
What method will be used to recover a suspended person? Outline steps of the recovery plan.		

Power Failure
In the event of a power failure:

Second Workbox
If a rescue from a workbox is necessary another crane and workbox may be needed.
The second crane and workbox is available from:
PHONE: _____ CONTACT: _____

Person in Charge, I understand the methods used in this plan and have explained them to the work crew.		
Name:	Signature:	Date:

Work Owner		
Name:	Signature:	Date: