

University of Illinois at Urbana-Champaign Elevated Work Program

Fall Protection Equipment Selection – To be completed by Unit Fall Protection Competent Person

Harness		Size:	🗆 S	\square M	🗆 L	🗆 XL	🗆 XXL	
Retractable Lanyard		Length:						
Shock-absorbing Lanyard		Length:						
Double-leg Retractable Lanyard		Length:						
Rope and Rope Grab		Length:						
Dead Weight Anchor Point								
Temporary anchor point(s)		Type:						
Warning Lines								
Warning Lines w/ Safety Monitor								
Completed by:								
Competent Person Name			Signatı	ure				

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Person Plan To be completed by Unit Fall Distoction Completent Device

Rescue Plan – To be completed by Unit Fail Protection Competent Person					
	Locatio	n:			
Call	911, request Te	echnical Rescue	e Team		
	PA				
	Face-to-face				
	Radio	Frequency:			
	Phone	Number:			
	Other				
	Call	Call 911, request Te PA Face-to-face Radio Phone	Call 911, request Technical Rescue		

Describe the tasks that will be done prior to work to prevent a fall and the step by step process that will be followed in the event of a fall.

Pre Work Tasks:

1.	
2.	
3.	
4.	
5.	
6.	

Response Procedure:

- 1. Notify Emergency Contact. Call 911 and request technical rescue
- 2. Make medical assessment of person.
- 3. If possible have employee perform self-rescue. 4. 5. _ 6.

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Rescue Equipment (Check all that apply)							
	Ladder		Rescue Rope		Alternative Lifting & Lowering Device		
	Rescue Pole		Aerial Lift		First Aid Kit		
	Scaffold		Crane		Other		
Loca	ation of Equipme	ent at job	site:				
Crit	ical Rescue Facto	ors:					
Anc	hor Point						
Lan	ding Area						
Res	cue Obstructions	/Hazards					
 Have alternatives to using fall arrest equipment been considered? Has rescue equipment been inspected and found in good shape? Is equipment adequate for the rescue plan? Have communication devices been identified, located, & tested? Are all rescuers familiar with the use of the rescue equipment? If working over water, is there a boat available? 							
Con	npetent Person	Name			Signature		
Reviewed by:							
		Name			Signature		