

EMERGENCY RESCUE PLAN

Work Type: (circle one) Confined Space/Heights/Other (specify): _____

JSEA completed by: _____ **Location:** _____ **Date:** ___/___/___

JSEA approved by: _____

CHECKLIST (Tick and/or add)

Location of closest Manual Call Point		Fire extinguisher		Radio/communications	
Spotter in place		Control Room notified		Harness checked	
Lanyards and attachments checked		Ropes checked (if applicable)		Gas Monitor (if Confined Space Entry)	
First Aider (Name) and contact details:					
Emergency Telephone Nos (list)					

PERSONS COMPLETING WORK – PRINT AND SIGN AND COMPLETE PAGE 2

SEQUENCE OF STEPS FOR THE RESCUE PLAN (assisted or self-rescue)

Draw a sketch of the intended rescue

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