

Form ID	Owner	Evidence location	Complete when
05.5	Project Manager / Competent person	Project file / Breadcrumb	Before work at height using fall-arrest or rescue controls
Use: Confirm rescue arrangements, equipment, communication and competent responders.			

Suggested completion frequency: complete when a fall-arrest system is used as a control to minimise the risk of falls.

Details	
Project:	
Location / area:	
Job task:	
Working at height permit number:	
Work at height dates — from:	
Work at height dates — to:	

Names of workers involved in the work at height

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

Communication — methods between the suspended worker and supervisor / rescue team:

☐ Direct voice communication ☐ Mobile phone ☐ Whistle ☐ Two-way radios/headsets ☐ Other: _____

Emergency contacts

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

Rescue methods to be deployed (tick as appropriate)

☐ Rescue ladder system ☐ Rescue haul system ☐ Keys to building & roof ☐ Elevator ☐ Pull casualty in through window / balcony ☐ Pull casualty up through floor/slab/roof ☐ Climb / abseil down building / structure ☐ Suspended access equipment ☐ Aerial equipment from ground ☐ Crane man basket ☐ Other: _____

Rescue equipment needed (tick as appropriate)

☐ Rescue ladder ☐ Rescue haul system ☐ Toxic shock strap ☐ Suspended access equipment ☐ Ropes ☐ Mobile EWP ☐ Climbing / rope rescue system ☐ Crane man basket ☐ Aerial ladder truck ☐ First aid kit ☐ Stretcher ☐ Pneu-pac resuscitator ☐ Other: _____

Verification	Yes	No	Please describe
1. Has the closest phone been located?			
2. Are there other hazards in the area that may endanger the rescue or rescuers that cannot be controlled (e.g. sharp objects)?			
3. Can the other hazards be controlled to allow safe rescue or minimise suspension trauma?			
4. Will the system ensure safe rescue or minimise suspension trauma within 5 minutes?			
5. Will the system work if the operative is unconscious?			

*If the answer to question 2 is **Yes**, or the answer to questions 3 to 5 is **No** — **DO NOT CONTINUE. STOP & CONTACT YOUR SUPERVISOR.***

The Works Supervisor is to check all individual fall prevention / arrest equipment is in good working condition prior to proceeding with the working at height task and sign below.

Sign-off	
Supervisor name:	
Signature:	
Date:	