



BORON OPERATIONS
PRE-JOB RESCUE PLAN FORM

Safety Standard C4 - Working at Heights							
<i>Fill this form out whenever fall arrest equipment is used (each Shift), or any time that there is a change in conditions, procedure or job which is already utilizing fall arrest equipment.</i>							
Date: _____	Include all Employees Involved in the Job:						
Shift: _____	Name: _____						
Name: _____	Name: _____						
Name: _____	Name: _____						
Work Order # and / or Job Assignment: _____							
Rescue Plan Description:							
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 45%; text-align: right;">Comments</td> </tr> </table>					Yes	No	Comments
	Yes	No	Comments				
Pre-Job Discussion Completed	<input type="checkbox"/>	<input type="checkbox"/>					
Observation Method: Check Off							
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 45%; text-align: right;">Name of Observer / Contact Person</td> </tr> </table>					Yes	No	Name of Observer / Contact Person
	Yes	No	Name of Observer / Contact Person				
Cameras	<input type="checkbox"/>	<input type="checkbox"/>					
Check-in	<input type="checkbox"/>	<input type="checkbox"/>					
Direct Observation	<input type="checkbox"/>	<input type="checkbox"/>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 45%; text-align: right;">Comments</td> </tr> </table>					Yes	No	Comments
	Yes	No	Comments				
Fall Protection Equipment Inspected:	<input type="checkbox"/>	<input type="checkbox"/>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 45%; text-align: right;">Comments</td> </tr> </table>					Yes	No	Comments
	Yes	No	Comments				
Was Rescue Equipment Inspected:	<input type="checkbox"/>	<input type="checkbox"/>					
List available rescue equipment and it's location:							
Note: In Event of an Emergency, CALL 7911							
<i>Self Rescue techniques should be used in all cases where possible.</i>							