

Risk Assessment and Rescue Plan

Trained and authorized operators must conduct a thorough jobsite inspection and evaluation of all work to be performed by using this risk assessment and rescue plan prior to operating any MEWP or vehicle-mounted aerial lift. This form must be completed in conjunction with the Pre-Use Inspection Checklist prior to every work shift, or whenever a new authorized operator takes control of the MEWP. Submit all completed forms to your supervisor. Risk assessments and rescue plans must be communicated and understood by all parties involved and periodically reviewed during longer jobs to ensure no conditions have changed. If changes are necessary to ensure a safe work environment, such changes must be communicated to all parties prior to resuming work. For questions, contact Environmental Health and Safety at ehs@northwestern.edu or (847) 467-4936.

Operator Name(s):			Date:	
Jobsite Location:				
Expected Start Date:		Expected Start Time:		
Expected Stop Date:		Expected Stop Time:		
Make:		Model:		
Serial Number:				
Task Performed:				
Qualified Person On-site to Operate Ground Controls in an Emergency:				
Complete the risk assessment by checking "Yes" or "No" for each potential risk, and indicate the appropriate hazard control measure(s) for each risk marked "Yes"				
Risk Assessment				
Risk(s)	Yes	No	Control Measure(s)	
MEWP Occupant(s)			<input type="checkbox"/> provide instruction on safe use/emergency controls <input type="checkbox"/> other (specify):	
Falling Objects			<input type="checkbox"/> toeboards <input type="checkbox"/> tethered tools <input type="checkbox"/> hard hats <input type="checkbox"/> barricade worksite <input type="checkbox"/> other (specify):	
Electrocution			<input type="checkbox"/> stay at least 10-ft from energized power lines <input type="checkbox"/> other (specify):	
Fall from Heights			<input type="checkbox"/> guardrails/gates <input type="checkbox"/> personal fall protection inspected/used <input type="checkbox"/> other (specify):	
Weather (Wind, Rain, Lightning)			<input type="checkbox"/> stop if lightning within 10 miles <input type="checkbox"/> stop if winds exceed manufacturer's guidelines <input type="checkbox"/> stop in rain <input type="checkbox"/> other (specify):	
Hazardous Conditions			<input type="checkbox"/> ground welding equipment <input type="checkbox"/> wear appropriate PPE for task <input type="checkbox"/> other (specify):	
Workers/Pedestrians			<input type="checkbox"/> barricade worksite <input type="checkbox"/> stay clear/yield to workers and pedestrians <input type="checkbox"/> other (specify):	
Traffic/Equipment			<input type="checkbox"/> barricade worksite <input type="checkbox"/> stay clear/yield to vehicles/other equipment <input type="checkbox"/> obey traffic laws <input type="checkbox"/> other (specify):	
Uneven/Unstable Surfaces			<input type="checkbox"/> avoid uneven/unstable surfaces <input type="checkbox"/> mark with barricade/cones <input type="checkbox"/> reinforce/level surfaces <input type="checkbox"/> other (specify):	
Obstacles, Debris			<input type="checkbox"/> avoid obstacles/debris <input type="checkbox"/> mark with cones/barricades <input type="checkbox"/> remove obstacles/debris <input type="checkbox"/> other (specify):	
Slopes, Holes, Unprotected Edges			<input type="checkbox"/> avoid slopes/holes/unprotected edges <input type="checkbox"/> mark with barricades/cones <input type="checkbox"/> use a ground spotter <input type="checkbox"/> other (specify):	
Overhead Obstructions			<input type="checkbox"/> avoid overhead obstructions <input type="checkbox"/> remove overhead obstructions <input type="checkbox"/> other (specify):	
Entanglement			<input type="checkbox"/> avoid entanglement hazards <input type="checkbox"/> remove entanglement hazards <input type="checkbox"/> other (specify):	
Other Risks (specify)				

Complete the rescue plan by selecting 'Yes' or 'No' for each potential scenario that may require rescue

Rescue Plan

Fall from Equipment at Heights

Scenarios Requiring Rescue	Yes	No	Rescue Action
Worker is suspended and self-rescue is not possible			Call 911.
Worker is suspended and can self-rescue using personal emergency descent equipment			Worker uses personal emergency descent equipment to lower themselves to the ground.
Worker is suspended and equipment is operable			If the occupant is present, lower the platform to the ground. If no occupant is present, a qualified person on the ground should lower the platform to the ground using the ground controls.
Worker is suspended and the equipment is inoperable, stuck, or entangled			Do not attempt to free the stuck or entangled equipment. Call 911. Workers must be rescued prior to attempting to move or free the equipment.
Worker is suspended and injured			Call 911. If the occupant is present, lower the platform to the ground. If no occupant is present, a qualified person on the ground should lower the platform to the ground using the ground controls.
Worker is suspended and additional hazards are present or suspected (e.g., live electrical)			Do not attempt to rescue the worker. Do not touch any equipment. Warn others to stay clear of the area/equipment. Call 911.
Other fall scenario requiring rescue (specify)			

Other Requirements

Entanglement			Do not attempt to free the stuck or entangled equipment. Do not climb down the exterior. Call 911. Workers must be rescued prior to attempting to move or free the equipment.
Power or control failure			Operator should attempt to use auxiliary power or controls to lower the platform to the ground (if equipped).
Power or control failure and equipment is inoperable			A qualified person on the ground should attempt to lower the platform to the ground using the ground controls. If inoperable, call 911.
Injury or illness of the operator and/or occupants			Call 911. If possible, lower the platform to the ground using either the platform controls or the ground controls by a qualified person.
Other emergency requiring rescue (specify)			

Always notify supervisor of a fall, injury, illness, or other emergency as soon as possible.

Additional Comments or Precautions

By signing below, I certify that I conducted a jobsite inspection and evaluation of all work to be performed and will utilize all control measures identified.

Operator Signature(s):