

Rescue and Recovery Plan



Task/Project:

Location & Nearest identifiable location:			
Date:		Contracting Company:	
PTW Issued:		Company contact & mobile number:	
AIAL contract name:		Job supervisor name & mobile number:	
AIAL contract number:		Team members:	

Emergency Contacts:

Incident Control Room at Airport Ops	09 256 8777 or 0800 677 242 ext 9	Traffic Management Authority	027 579 6142
Apron Tower (any airfield or apron incident)	09 256 8990	Airside Security (any security incident)	09 255 6000
Airport Operations Centre	09 256 8813 or 0800 677 242	PTW Office	

= Potential Rescue situations (list all):

<input type="checkbox"/> Confined / restricted space	<input type="checkbox"/> Isolated Area	<input type="checkbox"/> Engulfment	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> Hazardous atmosphere
<input type="checkbox"/> Electrical	<input type="checkbox"/> Height	<input type="checkbox"/> Injured worker	<input type="checkbox"/> Restricted access to emergency	
<input type="checkbox"/> Other – give details:				

= Included/attached to this rescue /recovery plan:

<input type="checkbox"/> List of Participants	<input type="checkbox"/> Participants Roles	<input type="checkbox"/> Location of Participants	<input type="checkbox"/> Emergency Assembly area	<input type="checkbox"/> Location of Identified Hazards
<input type="checkbox"/> Extraction points	<input type="checkbox"/> Emergency equipment requirements	<input type="checkbox"/> Emergency equipment location	<input type="checkbox"/> Communication (what, how & details)	<input type="checkbox"/> Traffic Management
<input type="checkbox"/> Site plans	<input type="checkbox"/> Competency verification	<input type="checkbox"/> Training certificates	<input type="checkbox"/> Sensitive/restricted areas/zones	<input type="checkbox"/> Authorisation documentation
<input type="checkbox"/> Control room location	<input type="checkbox"/> Safety equipment requirements			

Emergency Rescue Activities:					
Nature of Emergency:	Rescue Method:	Safety & Emergency equipment/aspects requirements:	Emergency Service Provider: (with contact details)	Responsible Person: (with contact details)	Competency verified & still current? (Y/N):