



RESCUER ANNUAL EVALUATION

Student Name: _____

Circle one: Authorized or Competent

Company: _____

Tower Type: _____

Date of Evaluation: _____

Location: _____

EVALUATION DRILLS	Auth. Rescuer Tasks	Comp. Rescuer Tasks	✓ when complete	Notes:
Evaluated hazards at the jobsite and documented those hazards (JHA)	X	X		
Select and inspect the proper gear and verify proper use	X	X		
Maintained 100% fall protection during the evaluation	X	X		
Use a controlled descent device with approved PFAS	X	X		
Perform a rescue	X	X		
Roll play emergency medical procedures	X	X		
Perform a self rescue		X		
Evaluate and fabricate anchor points		X		
Actively direct a rescue		X		
Perform a second rescue technique		X		
Post demonstration review	X	X		

By signing below, you as the competent person attest to the fact that the individual named in the student line above has completed the tasks outlined on this checklist successfully.

Competent Person: _____

Competent Person Signature: _____