



# Complex Recovery Safety Plan

DATE: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

VENDOR NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## 1. What is your Safety Plan for the complex recovery?

## 2. Will the tow company staff and any additional service provider(s) at the recovery site have appropriate experience/training?

Tow Operator(s)                     Yes    No

Traffic Control                     Yes    No

Recovery Scene Coordinator    Yes    No

Other (please describe) \_\_\_\_\_

## 3. What tow equipment is being utilized for the complex recovery?

## 4. What additional safety equipment specific to a complex recovery will be on site? (e.g. traffic control)