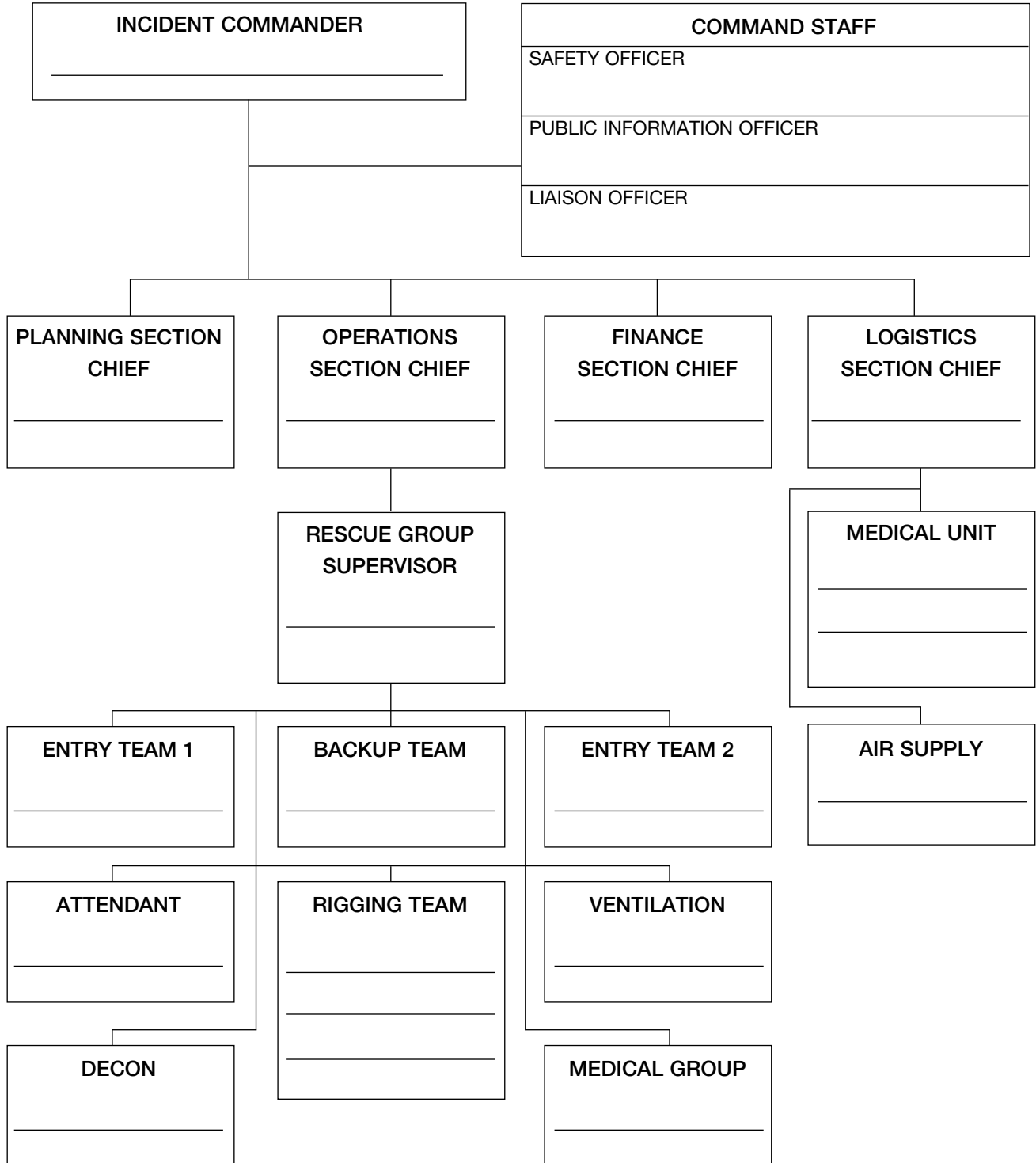


Confined Space Rescue Incident Command System

INCIDENT _____

DATE _____

LOCATION _____



Confined Space Rescue Permit

This permit shall be completed in its entirety, remaining at the rescue site for the duration of the rescue operation and kept on file for one year following the event. Shading denotes an operational priority or mandatory component.

INCIDENT NUMBER	INCIDENT NAME	DATE/TIME
INCIDENT LOCATION		
RESCUE START DATE AND TIME	RESCUE END DATE AND TIME	
DESCRIPTION/USE OF CONFINED SPACE	FACILITY CONTACT	
SPECIAL POTENTIAL HAZARDS		

ICS Assignments

RESCUE GROUP SUPERVISOR	ATTENDANT
AUTHORIZED ENTRANT #1	BACKUP ENTRANT #1
AUTHORIZED ENTRANT #2	BACKUP ENTRANT #2
AIR MONITORING	SAFETY OFFICER
AIR SUPPLY	RIGGERS

Pre-Entry Checklist

- | | |
|---|---|
| <input type="checkbox"/> Operations Perimeter Setup | <input type="checkbox"/> Provide Lighting |
| <input type="checkbox"/> Atmospheric Monitoring | <input type="checkbox"/> Respiratory Protection |
| <input type="checkbox"/> Ventilation | <input type="checkbox"/> Protective Clothing |
| <input type="checkbox"/> Eliminate Ignition Sources | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Confirm Lockout/Tagout | <input type="checkbox"/> Pre-Entry Briefing |

Communication Plan

- Visual/Hand Signals
 - Voice
 - Radio (Intrinsically Safe)
 - Rope Signals (OATH)
 - Hardwire
- * Identify Backup Communication Plan

Ventilation Plan

- Natural
- Forced Exhaust
- Forced Supply
- Microatmosphere
- Other:



Confined Space Rescue Permit

ENTRANT	ENTRY TIME	SCBA PRESSURE	SAR PRESSURE	EXIT TIME

GAS	PHYSICAL CHARACTERISTICS	FLAMMABILITY LEL	TOXICITY	SYMPTOMS
Carbon Monoxide CO	Colorless Odorless	12.5% 125,000 ppm	IDLH 1,200 ppm	Headache, Nausea, Dizziness, Tachypnea
Carbon Dioxide CO ₂	Colorless Odorless	Non-Flammable	IDLH 40,000 ppm	Headache, Dizziness, Restlessness, Sweat, Dyspnea
Methane CH ₄	Colorless Odorless	5%		
Hydrogen Sulfide H ₂ S	Colorless Rotten-Egg Odor	4% 40,000 ppm	IDLH 100 ppm	Eye Irritation, Respiratory Irritation, Headache
Sulfur Dioxide SO ₂	Colorless Suffocating Odor	Non-Flammable	IDLH 100 ppm	Eye, Nose, Throat Irritation, Coughing, Skin Burns
Nitrogen Dioxide NO ₂	Yellow/Brown Pungent Odor	Non-Flammable	IDLH 20 ppm	Cough, Frothy Sputum, Eye Irritation

Notes:



Confined Space Rescue Permit

Prior to entry a pre-entry briefing shall be performed with all key personnel, this includes, but is not limited to:

<input type="checkbox"/> ENTRANT	<input type="checkbox"/> ATTENDANT
<input type="checkbox"/> BACKUP ENTRANT	<input type="checkbox"/> RESCUE GROUP SUPERVISOR

The following information will be reviewed prior to entry:

<input type="checkbox"/> The hazards that may be encountered specific to this entry. (Atmospheric, Engulfment, Mechanical, Physical, Corrosive, Biological)
<input type="checkbox"/> The primary and backup communications plan.
<input type="checkbox"/> A confirmation that the entrant has all equipment needed to perform a successful entry and is trained on all of the equipment. (PPE, Respiratory Equipment, Communication, Rigging, Patient Packaging)
<input type="checkbox"/> A review of any potential self rescue plans if possible.

ENTRY AUTHORIZED

Rescue Group Supervisor:

Signature:

Date/Time:

Notes:

ENTRY CANCELLED

Rescue Group Supervisor:

Signature:

Date/Time:



