

# Confined Space Rescue Permit

**ASSESSMENT**

DATE	LOCATION	
TIME		
RESPONSIBLE PARTY/CONTACT PERSON		
NUMBER OF VICTIMS	TIME LAST SEEN	CONDITION
<input type="checkbox"/> ENTRY PERMIT AVAILABLE		
DESCRIPTION OF SPACE		ACCESS
CONTENTS OF SPACE		<input type="checkbox"/> MSDS AVAILABLE
<b>HAZARDS IN SPACE</b>		
<input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Pneumatic <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other		
ATMOSPHERIC:    % Oxygen    % LEL    TOXICITY:    % ppm of Other Toxic Substances:    % ppm of    % ppm of		
TIME TESTED	PERSON TESTING	METER CAL. DATE
<input type="checkbox"/> RESCUE <input type="checkbox"/> RECOVERY (Acceptable Entry Conditions > 19.5% O <sub>2</sub> < 10% LEL/<PEL)		

**PRE-ENTRY**

**HAZARD CONTROL**

VENTILATION:  Positive Pressure    Exhaust    Local Exhaust    Local Supply

MECHANICAL:  Block Linkage    Disconnect    None    ELECTRICAL:  Lockout    Tagout    None

PNEUMATIC:  Lockout    Tagout    None    PIPING:  Blind    Disconnect    None

HYDRAULIC:  Lockout    Tagout    Bleed Lines    Disconnect Lines    None

**EQUIPMENT REQUIRED**

RESPIRATORY PROTECTION:  SCBA    SAR \_\_\_\_\_ Ft. Airline

VENTILATION: \_\_\_\_\_ Fans   \_\_\_\_\_ Ft. Duct   \_\_\_\_\_ Ft. Electrical Cord    Generator

LIGHTING:  Caplamp    Hand Light    Light Sticks    Cord Light \_\_\_\_\_ Ft. Electrical Cord

(All equipment should be explosion-proof and equipped with GFCI)

ENTRY AND EXTRICATION:  Tripod    Davit    Winch    Rope M/A    Belay Line    Harness

VICTIM PACKAGING:  Backboard    Half Back    SKED    Litter    Harness

COMMUNICATIONS:  Visual    Hardline    Radio

**ENTRY**

Entry Team 1	Phone No./Radio Call Sign:
Backup Team	
Entry Team 2	
Attendant	
Atmospheric Monitoring Required:	
<input type="checkbox"/> Continuously	Record on log every _____ Min.

**TERM.**

Entry Terminated	Time	Date
Rescue Group/Entry Supervisor	Print	Signature