

CONFINED SPACE RESCUE CONFINED SPACE ENTRY PERMIT

| | | | | | | | |
|-----------------------------------|--|-----------------------|--|----------------|--------|----------------|-------------------------------|
| Date: | | Time: | | Canceled Date: | | Canceled Time: | |
| Location/Address: | | | | | | | |
| Responsible Party/Contact Person: | | | | | Phone# | | |
| # of Victims: | | Description of Space: | | | | | |
| Last Contents of Space: | | | | | | | <input type="checkbox"/> MSDS |

POTENTIAL HAZARDS OF SPACE

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Atmospheric | <input type="checkbox"/> Restricted Movement | <input type="checkbox"/> Engulfment | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Hydraulic | <input type="checkbox"/> Pneumatic | <input type="checkbox"/> Trip Hazards | <input type="checkbox"/> Dust/Particle |
| <input type="checkbox"/> Slippery Surface | <input type="checkbox"/> Sloped Interior | <input type="checkbox"/> Liquid Hazards | <input type="checkbox"/> Low Overhead |
| <input type="checkbox"/> Obstructions | <input type="checkbox"/> High Temp | <input type="checkbox"/> Poor Light | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Restricted Entry/Exit | <input type="checkbox"/> Low Temp | <input type="checkbox"/> Other | |

HAZARD AND ENERGY CONTROL/ISOLATION OF SPACE

| | | | | | | |
|-------------|----------------------------------|----------------------------------|-------------------------------------|----------------------------------|--------------------------------|------------------------------|
| Ventilation | <input type="checkbox"/> Supply | <input type="checkbox"/> Exhaust | | | | |
| Mechanical | <input type="checkbox"/> Lockout | <input type="checkbox"/> Tagout | <input type="checkbox"/> Disconnect | <input type="checkbox"/> N/A | | |
| Electrical | <input type="checkbox"/> Lockout | <input type="checkbox"/> Tagout | <input type="checkbox"/> Disconnect | <input type="checkbox"/> N/A | | |
| Hydraulic | <input type="checkbox"/> Lockout | <input type="checkbox"/> Tagout | <input type="checkbox"/> Disconnect | <input type="checkbox"/> Blinded | <input type="checkbox"/> N/A | |
| Pneumatic | <input type="checkbox"/> Lockout | <input type="checkbox"/> Tagout | <input type="checkbox"/> Disconnect | <input type="checkbox"/> Blinded | <input type="checkbox"/> N/A | |
| Piping | <input type="checkbox"/> Lockout | <input type="checkbox"/> Tagout | <input type="checkbox"/> Disconnect | <input type="checkbox"/> Blinded | <input type="checkbox"/> Blank | <input type="checkbox"/> N/A |

ATMOSPHERIC MONITORING

Record Atmospheric Testing Results on Attendant Log

Hazardous Atmosphere: (O2)Below 19.5%-Above 23.5% (LEL)Above 10% (H2S)Above 10ppm (CO)Above 25ppm

Other: _____

Pre-Entry Testing: Oxygen _____ LEL _____ H2S _____ CO _____ Other _____

Time Space Tested: _____ Personnel Testing Space: _____

PERSONAL PROTECTIVE EQUIPMENT REQUIRED

| | | | | |
|---|--|--|--------------------------------|-----------------------|
| Respiratory Protection | <input type="checkbox"/> SCBA | <input type="checkbox"/> SAR | <input type="checkbox"/> APR | Cartridge Type: _____ |
| <input type="checkbox"/> Jumpsuit/Brush | <input type="checkbox"/> Helmet | <input type="checkbox"/> Safety Boots | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Flash Hood | <input type="checkbox"/> Goggles | <input type="checkbox"/> Splash Suit | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Harness | <input type="checkbox"/> Ear Plugs | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> PAL | <input type="checkbox"/> Knee/Elbow Pads | <input type="checkbox"/> Chemical Gloves | <input type="checkbox"/> _____ | |

Other: _____

**FIRE DEPARTMENT
 CONFINED SPACE RESCUE PERMIT
 PAGE 2**

EQUIPMENT REQUIRED

| | | | | | |
|-----------------------|--|---------------------------------------|--------------------------------------|------------------------------------|---------------------------------------|
| Ventilation | # of Fans _____ | Ft. Duct _____ | | | |
| Entry and Extrication | <input type="checkbox"/> Tripod | <input type="checkbox"/> Winch | <input type="checkbox"/> Rope System | <input type="checkbox"/> Harness | <input type="checkbox"/> Belay System |
| Communication | <input type="checkbox"/> Hardline | <input type="checkbox"/> Radio/Chan | <input type="checkbox"/> Voice | | |
| Victim Packaging | <input type="checkbox"/> Stokes | <input type="checkbox"/> SKED | <input type="checkbox"/> Backboard | <input type="checkbox"/> Harness | <input type="checkbox"/> Other _____ |
| Lighting | <input type="checkbox"/> Headlamp | <input type="checkbox"/> Handlight | <input type="checkbox"/> Lightsticks | <input type="checkbox"/> Cordlight | |
| Site | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Barrier Tape | <input type="checkbox"/> Cones | <input type="checkbox"/> Ladders | |

OTHER INFORMATION REQUIRED FOR ENTRY

| | | | |
|----|--|-----|--|
| 1. | | 6. | |
| 2. | | 7. | |
| 3. | | 8. | |
| 4. | | 9. | |
| 5. | | 10. | |

PERSONNEL

Record Entry and Exit Times on Attendant Log

| | | | |
|--------------------------------|--------|---|-------------|
| Entrant #1: | | Back-Up #1: | |
| Entrant #2: | | Back-Up #2: | |
| Attendant: | | <input type="checkbox"/> Pre-Entry Briefing | Time: _____ |
| Rescue Group/ Entry Supervisor | Print: | | |
| Date: | | Signature: | |

DIAGRAM OF THE SPACE