



CONFINED SPACE RESCUE ENTRY PERMIT



Confined Space Location/Description/Incident Number	Incident Date

Purpose of Entry:	Circle RESCUE RECOVERY
Describe Activities:	
Rescue Start Time:	Rescue End Time:

ICS Assignments

Rescue Group Supervisor: _____ **Attendant:** _____
Authorized Entrant #1: _____ **Backup Entrant #1:** _____
Authorized Entrant #2: _____ **Backup Entrant #2:** _____
Safety Officer: _____ **Air Monitoring:** _____
Air Supply: _____ **Riggers:** _____
Other Rescue and Emergency Services Involved –

Hazards of Confined Space	Yes	No	Special Requirements	Yes	No
Oxygen deficiency			Hot Work Permit Required		
Combustible gas/vapor			Lockout/Tagout		
Combustible dust			Lines broken, capped, or blanked		
Carbon Monoxide			Purge-flush and vent		
Hydrogen Sulfide			Secure Area-Post and Flag		
Toxic gas/vapor			Ventilation		
Toxic fumes			Other- List:		
Skin- chemical hazards			Special Equipment		
Electrical hazard			Breathing apparatus- respirator		
Mechanical hazard			Escape harness required		
Engulfment hazard			Tripod emergency escape unit		
Entrapment hazard			Lifelines		
Thermal hazard			Lighting (explosive proof/low voltage)		
Slip or fall hazard			PPE- goggles, gloves, clothing, etc.		
			Fire Extinguisher		

Pre-Entry Checklist

- € Operations Perimeter Setup
- € Atmospheric Monitoring
- € Ventilation
- € Eliminate Ignition Sources
- € Confirm Lockout/Tagout
- € Provide Lighting
- € Respiratory Protection
- € Protective Clothing
- € Communications
- € Pre-Entry Briefing

Communication Plan

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

Ventilation Plan

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

The following information will be reviewed **PRIOR TO ENTRY:**

- € The hazards that may be encountered specific to this entry. (Atmospheric, Engulfment, Mechanical, Physical, Corrosive, Biological)
- € The primary and backup communications plan
- € A confirmation that 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)
- € A review of any potential self-rescue plans if possible.

DO NOT ENTER IF PERMISSIBLE ENTRY LEVELS ARE EXCEEDED			
	Permissible Entry Level	Start Time	End Time
% of Oxygen	19.5 % to 23.5 %		
% of LEL	Less than 10%		
Carbon Monoxide	35 PPM		
Hydrogen Sulfide	10 PPM		
Other			

Test Instrument(s) used- Include Name, Model, Serial Number and Date Last Calibrated:

ENTRANT	ENTRY TIME	SCBA PRESSURE	SAR PRESSURE	EXIT TIME

CFM-Ventilation	Size-Cubic Feet	Pre Entry Time	<input type="checkbox"/> AHJ Dispatch Notified Before Entrance	Time Notified:
			<input type="checkbox"/> AHJ Dispatch Notified After Entrance	Time Notified:

CONFINED SPACE ENTRY AUTHORIZATION	
IC/Safety Officer-Print:	
Signature:	
Rescue Group Supervisor-Print:	
Signature:	
Date:	Time:

Notes:

CONFINED SPACE ENTRY CANCELLED	
IC/Safety Officer-Print:	
Signature:	
Date:	Time:
Reason Permit was Cancelled:	

Equipment Needs: