



Confined Space Rescue Entry Permit

IMPORTANT! -THIS PERMIT SHALL BE COMPLETED AND REMAIN AT THE RESCUE SITE FOR THE DURATION OF THE RESCUE.
-FILL IN ALL BLANKS. CIRCLE CHOICES. CHECK BOXES FOR REQUIRED DECISIONS.
-TURN IN COMPLETED FORM TO HEADQUARTERS.

ASSESSMENT

DATE START TIME INCIDENT #
ENTRY SUPERVISOR (PRINT NAME)
SITE LOCATION
DESCRIPTION OF SPACE
ACCESS
CONTENTS OF SPACE MSDS AVAIL: Yes / No
REPORTING PARTY / CONTACT PERSON EXISTING ENTRY PERMIT AVAIL: Yes / No
NUMBER OF VICTIMS TIME LAST SEEN CONSCIOUS: Yes / No
RESCUE OR RECOVERY OR TRAINING

HAZARDS IN SPACE

MECHANICAL / ELECTRICAL / PNEUMATIC / HYDRAULIC / ENGULFMENT / TEMPERATURE : HIGH / LOW
HAZARDOUS SUBSTANCE / PIPES / DUCTS / OTHER
ATMOSPHERIC: %O2 %LEL PPM OF CO PPM OF H2S
OTHER TOXIC GASES: PPM OF
METER SERIAL # METER CAL. DATE SAMPLE TIME
TESTER NAME

PRE-ENTRY

HAZARD CONTROL

VENTILATION: POSITIVE PRESSURE / NEGATIVE PRESSURE / COMBINATION
MECHANICAL: BLOCK LINKAGE / DISCONNECT / OTHER NONE
ELECTRICAL: LOCK OUT / TAG OUT / DISCONNECT NONE
PNEUMATIC: LOCK OUT / TAG OUT / BLEED LINES / DISCONNECT LINES / NONE
HYDRAULIC: LOCK OUT / TAG OUT / BLEED LINES / DISCONNECT LINES / NONE
PIPING: BLIND / DISCONNECT / NONE

OPERATION CHECKS

OPERATIONS PERIMETER CONTROL CONFIRM LOCK-OUT / TAG-OUT ELIMINATE IGNITION SOURCES
PROVIDE LIGHTING (3 SOURCES) PROTECTIVE CLOTHING ATMOSPHERIC MONITORING
RESPIRATORY PROTECTION : SCBA / SAR VENTILATION
COMMUNICATION : VISUAL / HARDWIRED / RADIO / ROPE / VOICE
ENTRY AND EXTRICATION : TRIPOD / LADDER A-FRAME / DAVIT ARM / WINCH / OTHER
VICTIM PACKAGING : STOKES / HALF-BACK / SKED / HARNESS / WRISTLETS / ANKLETS / OTHER
BACKUP RESCUER(S) IN PLACE PRE-ENTRY & SAFETY BRIEFING

PERSONNEL

ENTRY

ENTRANT #1
ENTRANT #2
ENTRANT #3
ENTRANT #4
ATTENDANT #1
ATTENDANT #2

(Record all entry and exit times on log)

END

PERSONNEL ACCOUNTABILITY

EQUIPMENT REMOVED

SCENE/SPACE SECURED

DEBRIEFING

TIME _____ DATE _____ ENTRY SUPERVISOR SIGNATURE _____

