



CONFINED SPACE RESCUE PERMIT

*THIS DOCUMENTATION IS
FOR EMERGENCY RESCUE OPERATIONS ONLY*

INCIDENT COMMANDER _____ DATE _____

INCIDENT SAFETY OFFICER _____ COMMAND VESTS BARRIER TAPE

JOB SUPERVISOR'S NAME _____ ALARM TIME _____

Location of Incident _____

Type of work being done _____

Nature of Problem _____

KNOWN HAZARDS. Check all that apply... Chemical Sandblasting Electrical

Air Space Purging Mechanical List Any Other Hazards...

Notes _____

CONTROL MEASURES currently in place to eliminate hazards: Lock-out Tag-out(s) Ventilation

Line Break(s) Other Measures _____

ATMOSPHERIC MONITORING –TO BE PERFORMED ASAP. CONTINUOUS MONITORING REQUIRED

ACCEPTABLE ENTRY LEVELS WITHOUT SCBA :

Type of Monitor _____	Oxygen (O ₂)	>19.5% to <23.5%	_____
	LEL	Less than 10% of LEL	_____
Last Calibration Date _____	CO	Less than 35 PPM	_____
	H ₂ S	Less than 10 PPM	_____
Monitor Bump Test Performed Yes ___ Required	Other	Based on OSHA/NIOSH	_____

Periodically Record Monitor Readings on Log Sheet

RESCUE CONTROL METHODS CHECKLIST

✓ **Check** _____ (Circle all that apply)

Ventilation: Positive Negative Natural **Start Time** _____
(Consider, Vapor Pressure Specific Gravity, Vapor Density (Refer to NIOSH Handbook))

Monitoring: Attached to 1st Rescuer From Outside Space Both **Time Performed** _____

Rescue Harness: Class II Chest Type Class III Full Body Type Wristlets

Communications: Megaphone Radios Verbal Contact Other _____

Retrieval Line: Already In Place Safety Lines on Rescuer(s) Other _____
(Consider Entanglement Hazards)

Respirator: SAR SCBA Consider STEL, TLV/TWA, IDLH, etc. (Refer to NIOSH Handbook)

Acceptable Entry Conditions Met: YES / NO

Entrant/Attendant Safety Pre Entry Briefing Completed: YES / NO



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RESCUE TEAM LOG-IN SHEET

INITIAL RESCUE TEAM NAME	BREATHING AIR LINE COLOR	SUPPLIED AIR OR SCBA P.S.I.	ENTRY DATA	
			TIME IN	TIME OUT

BACK-UP RESCUE TEAM NAME	BREATHING AIR LINE COLOR	SUPPLIED AIR OR SCBA P.S.I.	ENTRY DATA	
			TIME IN	TIME OUT

RESCUE ATTENDANT NAME	ON DUTY		OFF DUTY	
	DATE	TIME	DATE	TIME

ENTRY SUPERVISOR/OPERATIONS CHIEF SIGNATURE (Required) _____
 Time _____ Date _____

