



# CONFINED SPACE ENTRY PERMIT

INCIDENT NAME: \_\_\_\_\_

INCIDENT DATE: \_\_\_\_\_

THIS PERMIT SHALL BE COMPLETED IN ITS ENTIRETY, REMAINING AT THE RESCUE SITE FOR THE DURATION OF THE RESCUE OPERATION AND KEPT ON FILE FOR ONE YEAR FOLLOWING THE EVENT. **RED SHADING** ON ALL PAGES DENOTES AN OPERATIONAL PRIORITY OR MANDATORY COMPONENT.



# US&R REGIONAL TASK FORCE 4

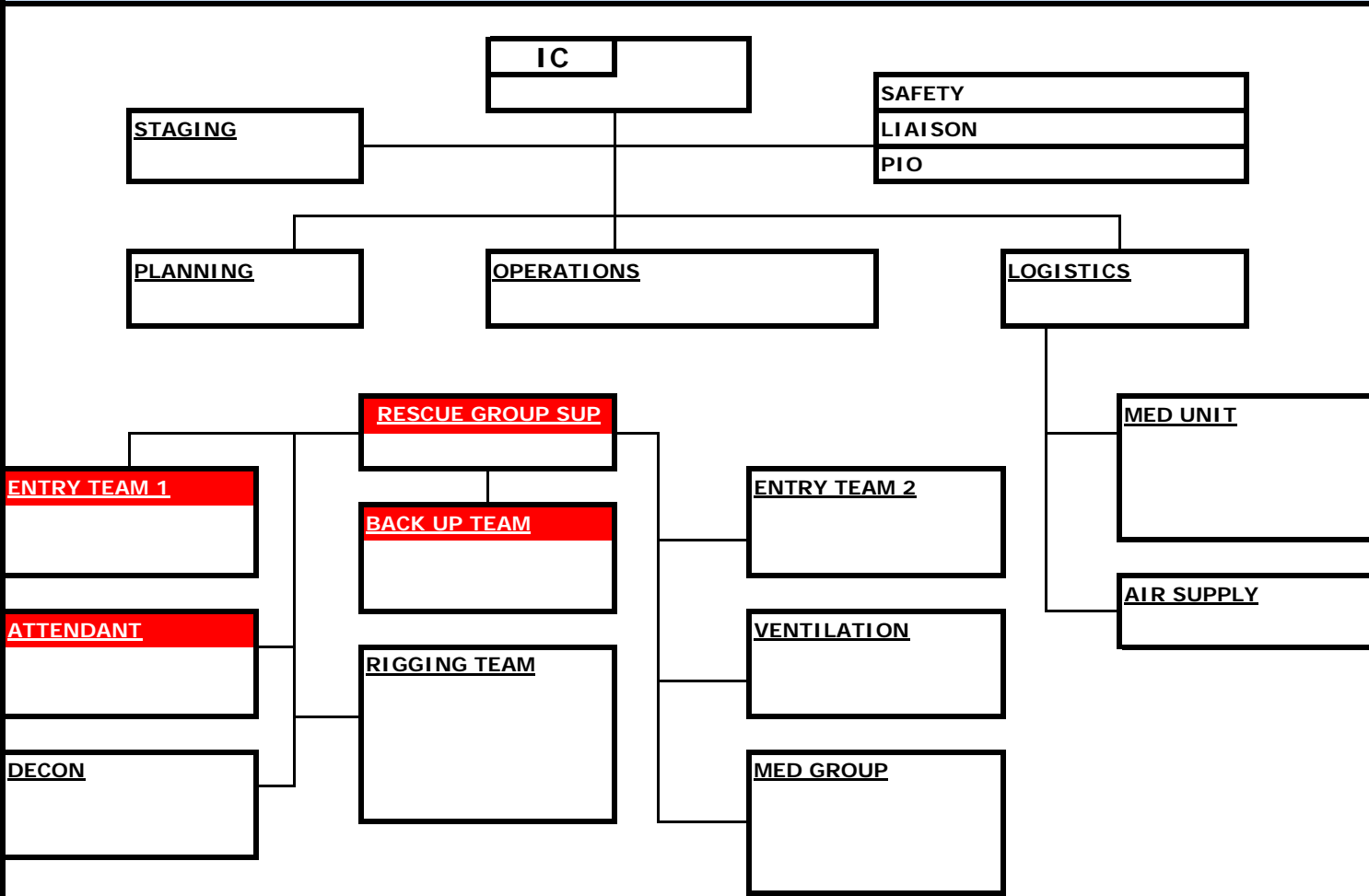
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INCIDENT NUMBER:	INCIDENT NAME	DATE	TIME
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MAP SKETCH

Blank area for MAP SKETCH

ORG CHART







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**INCIDENT LOCATION**

<b>RESCUE START DATE AND TIME</b>	<b>RESCUE END DATE/TIME</b>
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<b>DESCRIPTION/USE OF CONFINED SPACE</b>	<b>FACILITY CONTACT</b>
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**SPECIAL POTENTIAL HAZARDS**

### ICS ASSIGNMENTS

<b>RESCUE GROUP SUPERVISOR</b>	<b>ATTENDANT</b>
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<b>AUTHORIZED ENTRANT #1</b>	<b>BACK UP TEAM #1</b>
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<b>AUTHORIZED ENTRANT #2</b>	<b>BACK UP TEAM #2</b>
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<b>AIR MONITORING</b>	<b>SAFETY OFFICER</b>
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<b>AIR SUPPLY</b>	<b>RIGGING TEAM</b>
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### PRE-ENTRY CHECKLIST

<input type="checkbox"/>	OPERATIONS PERIMETER SETUP	<input type="checkbox"/>	PROVIDE LIGHTING
<input type="checkbox"/>	ATMOSPHERIC MONITORING	<input type="checkbox"/>	RESPIRATORY PROTECTION
<input type="checkbox"/>	VENTILATION	<input type="checkbox"/>	PROTECTIVE CLOTHING
<input type="checkbox"/>	ELIMINATE IGNITION SOURCES	<input type="checkbox"/>	COMMUNICATIONS
<input type="checkbox"/>	CONFIRM LOCKOUT-TAGOUT	<input type="checkbox"/>	PRE-ENTRY BRIEFING

COMMUNICATION PLAN	
<input type="checkbox"/>	VISUAL /HAND SIGNALS
<input type="checkbox"/>	VOICE
<input type="checkbox"/>	RADIO (INTRINSICALLY SAFE)
<input type="checkbox"/>	ROPE SIGNALS (OATH)
<input type="checkbox"/>	HARDWARE
<input type="checkbox"/>	** IDENTIFY BACKUP COMM PLAN

VENTILATION PLAN	
<input type="checkbox"/>	NATURAL
<input type="checkbox"/>	FORCED EXHAUST
<input type="checkbox"/>	FORCED SUPPLY
<input type="checkbox"/>	MICROATMOSPHERE
<input type="checkbox"/>	OTHER:
<input type="checkbox"/>	





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ENTRANT	ENTRY TIME	SCBA PRESSURE	SAR PRESSURE	EXIT TIME

GAS	PHYSICAL CHARACTERISTICS	FLAMABILITY LEVEL	TOXICITY	SYMPTOMS
CARBON MONOXIDE CO	COLORLESS ODORLESS	12.50% 125,000 PPM	IDLH 1,200 PPM	HEADACHE, NAUSEA, DIZZINESS, TACHYPNEA
CARBON DIOXIDE CO2	COLORLESS ODORLESS	NON-FLAMMABLE	IDLH 40,000 PPM	HEADACHE, DIZZINESS, RESTLESSNESS, SWEAT, DYSYPNEA
METHANE CH4	COLORLESS ODORLESS	5%		
HYDROGEN SULFIDE H2S	COLORLESS ROTTON EGG ODOR	4% 40,000 PPM	IDLH 100 PPM	EYE IRRITATION, RESPIRATORY IRRITATION, HEADACHE
SULFER DIOXIDE SO2	COLORLESS SUFFOCATING ODOR	NON-FLAMMABLE	IDLH 100 PPM	EYE, NOSE, THROAT IRRITATION, COUGHING, SKIN BURNS
NITROGEN DIOXIDE NO2	YELLOW/BROWN PUNGENT ODOR	NON-FLAMMABLE	IDLH 20 PPM	COUGH, FROTHY SPUTUM, EYE IRRITATION

NOTES:





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PRIOR TO ENTRY, A PRE-ENTRY BRIEFING SHALL BE PERFORMED WITH ALL KEY PERSONNEL. THIS INCLUDES, BUT IS NOT LIMITED TO:

<b>ENTRANT</b>		<b>ATTENDANT</b>	
<b>BACKUP ENTRANT</b>		<b>RESCUE GROUP SUPERVISOR</b>	

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)

PRIMARY AND BACKUP COMMUNICATIONS PLAN

A CONFIRMATION THAT THE ENTRANT HAS ALL EQUIPMENT NEEDED TO PERFORM A SUCCESSFUL ENTRY AND IS TRAINED ON ALL OF THE EQUIPMENT

A REVIEW OF ANY POTENTIAL SELF RESCUE PLANS IF POSSIBLE

**ENTRY AUTHORIZED**

RESCUE GROUP SUPERVISOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

**NOTES:**

**ENTRY CANCELLED**

RESCUE GROUP SUPERVISOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_









