

Confined Space Rescue Entry Permit

Date _____ Incident Time Start _____
 Incident Time Stop _____
 Facility / Space Name _____
 Address _____
 Purpose of Entry _____
 Space Identification # _____
 On-site Facility Person _____

Rescuer PPE	
<input type="checkbox"/> _____min SCBA	<input type="checkbox"/> Mechanical Retrieval Device _____
<input type="checkbox"/> SABA w/ _____bottle	<input type="checkbox"/> Harness
<input type="checkbox"/> APR or Dust Mask	<input type="checkbox"/> Belt
<input type="checkbox"/> Helmet	<input type="checkbox"/> Retrieval Line(s) Y or N
<input type="checkbox"/> Gloves	<input type="checkbox"/> Chemical Protection
<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Other _____
<input type="checkbox"/> Ear Protection	

Potential Hazards

- Atmospheric
- Chemical / Hazmat
- Engulfment / Entrapment
- Electrical
- Mechanical
- Hot Equipment

Procedures taken for Hazards

- Ventilation _____ hrs
- Lockout / Tagout _____ hrs
- Blank / Bleed _____ hrs
- Disengage belt / chain / shaft
- Lighting _____ hrs
- Other, explain: _____

Communication

- Verbal / Hand signals
- Portable Radio - channel _____
- Hardline
- Secondary/Backup - OATH, etc.

Atmospheric Log

Time	Oxygen <i>19.5% - 23.5%</i>	LEL <i>0% - 10%</i>	CO <i>0 - 35ppm</i>	H ₂ S <i>0 - 10ppm</i>	Other <i>Dust>5', etc.</i>	Rescuer Initials

Entry Log

Entrant	ID, Color, or Number	On Air	In	Out	Off Air	Backup

If additional space is needed, attach separate atmospheric and entry logs.

Acceptable entry conditions / comments:

Unsafe conditions must be identified, corrected or isolated prior to entry.

Entry Authorization, Supervisor

_____ title
 _____ printed name
 _____ signature

Attendant _____ Safety _____