

Confined Space Designation (Vessel/Tank Number):		
Confined Space Permit #		
Space Location:		
Description of Confined Space:		
Chemicals/Hazards Encountered:		
Staging Location (Roof/Manway, etc.)		
Method of Rescue:	<input type="checkbox"/> Self-Rescue <input type="checkbox"/> Non-Entry Rescue <input type="checkbox"/> Entry Rescue	
Confined Space Entry Level:	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	
Identify Anchoring Points:		

Rescue Equipment Requirements							
Rescue Tripod	<input type="checkbox"/>	Haul Line	<input type="checkbox"/>	Lowering Line	<input type="checkbox"/>	Safety Line (SR)	<input type="checkbox"/>
Raise System	<input type="checkbox"/>	Lowering System	<input type="checkbox"/>	Belay System	<input type="checkbox"/>	Anchor System	<input type="checkbox"/>
Stokes Basket	<input type="checkbox"/>	SKED	<input type="checkbox"/>	Back Board	<input type="checkbox"/>	Harness/Lanyard	<input type="checkbox"/>
Trauma Kit	<input type="checkbox"/>	Ventilation Fan(s)	<input type="checkbox"/>	Supplied Air	<input type="checkbox"/>	Escape Pack	<input type="checkbox"/>
SCBA	<input type="checkbox"/>	Half Respirator	<input type="checkbox"/>	Full-Face Respirator	<input type="checkbox"/>	Lighting	<input type="checkbox"/>

Additional Equipment: Patient Condition will dictate.

Confined Space Specifications	
Man-way Size:	
Number of Entry Points:	
Man-way Locations:	
Internal Obstructions:	

Tactics and Strategies	

Additional Comments	

Required Signatures <i>*Safety Notification Sufficient for Level 1 & 2</i>			
Entry Supervisor:	(Print/Sign)	Date:	
Safety Representative:	(Print/Sign)	Date:	

This rescue plan must be re-done if conditions or hazards affecting the Confined Space change.