

# Confined Space Emergency Response Procedure

Site/Plant:	Unit/Area:	
Confined Space Name:	Confined Space ID:	
Confined Space Location:		
Prepared By (print):	Date:	Time:
Approved by CSERTL (Confined Space Entry Team Lead): Print: _____ Sign: _____	Date:	Time:
Space Description (tank, vault, vertical, horizontal etc.):		
Space Location:		

**RESCUE PLAN NOTES**

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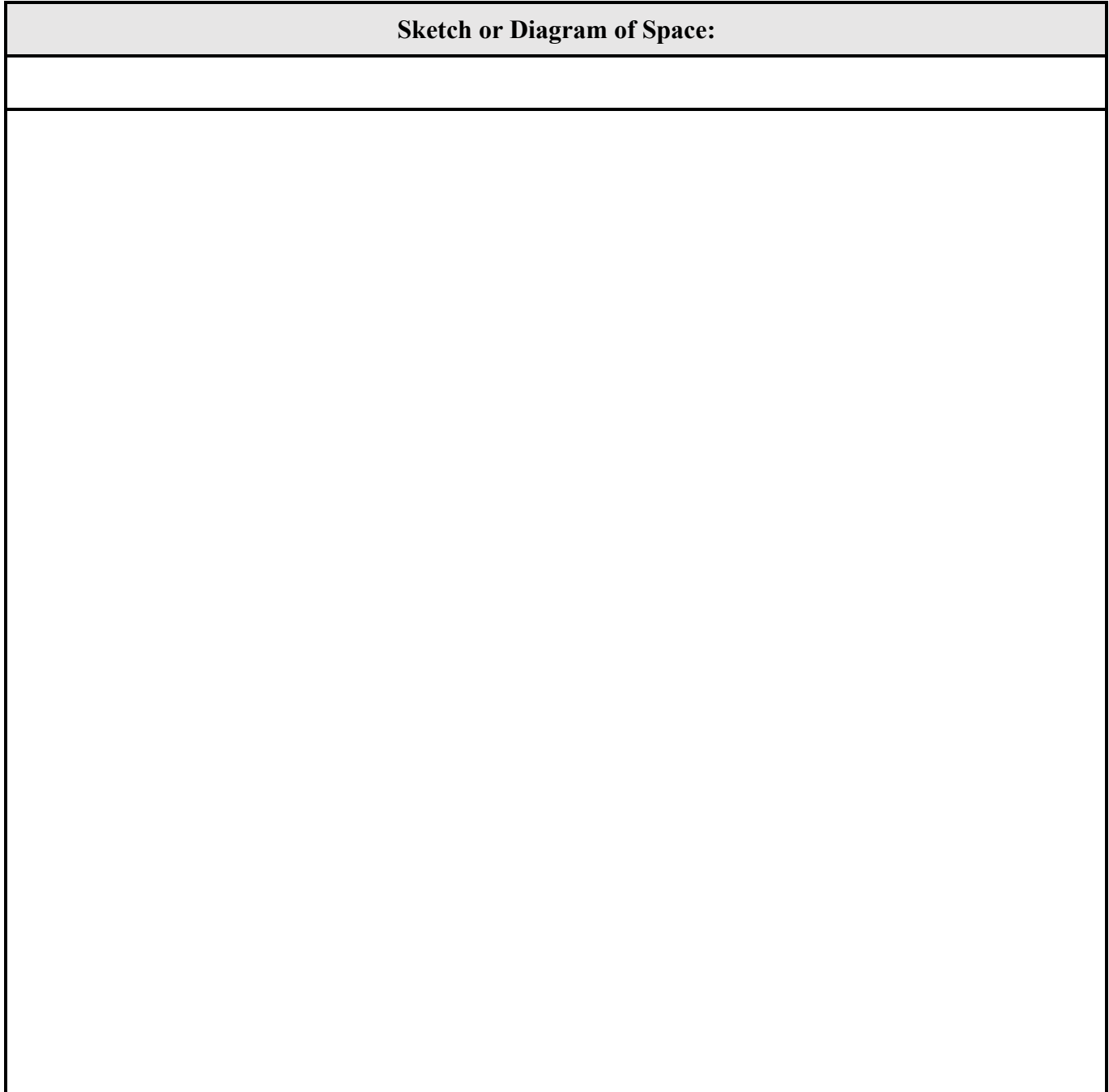
<b>For Hazards and additional space information consult the <u>Confined Space Hazard Assessment</u></b>	<b>Historic Contents of Space (hydrocarbon, acid, etc.):</b>
<b>Staging Area:</b>	<b>SDS Available</b> <input type="checkbox"/>
<b>Means to Summon Rescue:</b>	
Phone <input type="checkbox"/> Pager <input type="checkbox"/> Radio <input type="checkbox"/> Audible Signal <input type="checkbox"/> Intercom <input type="checkbox"/> Other	
<b>Phone #</b>	<b>Radio Freq./Channel:</b>
<b>Method of Rescue:</b>	
<input type="checkbox"/> External (retrieval)	<input type="checkbox"/> Internal (retrieval)
<input type="checkbox"/> Hauling system required	<input type="checkbox"/> Victim lowering system required
<b>Anchorage:</b>	<b>Pre-rigging required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Beam	<input type="checkbox"/> Support Strut
<input type="checkbox"/> Anchored Steel Pipe	<input type="checkbox"/> Support Column
<input type="checkbox"/> Stairwell	<input type="checkbox"/> Tripod
Other:	
<b>Space Access Points:</b>	
<input type="checkbox"/> Horizontal manway opening	<input type="checkbox"/> Vertical top entry
<input type="checkbox"/> Manway less than 24 inches	<input type="checkbox"/> Manway greater than 24 inches
<input type="checkbox"/> Elevated platform or ladder / scaffold access	<input type="checkbox"/> Vertical bottom entry
Additional manway or access information:	

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<b>Ventilation:</b>					
<input type="checkbox"/> Positive Pressure	<input type="checkbox"/> Local Exhaust	<input type="checkbox"/> Natural			
<input type="checkbox"/> Other	<input type="checkbox"/> Local Supply	<input type="checkbox"/> Exhaust			
Notes:					
<b>Rescue Equipment Requirements:</b>					
	Lowering/Raise (4:1)		Rescue Cradle		Rigging bags
	SRL type 3		Tripod		
Other:					
<b>Rescue Rope Requirements:</b>					
	Main Lines		Hauling System		Lowering Line
	Belay Lines		Pick-off pole		Other:
Other:					
<b>Medical and Packaging Equipment Requirements:</b>					
	Backboard + Straps		KED		SPEC Pack
	SKED		Litter Basket		Medical Kit
Other:					
<b>Respiratory Protection (RPE)</b>					
	SCBA		SABA		½ Mask
					Full Mask
Type of cartridge required for RPE:					
Other:					
<b>Lighting: (if %LEL concerns all lighting / radios / electrical tools need to be intrinsically safe)</b>					
<input type="checkbox"/> Head Light	<input type="checkbox"/> Hand Light	<input type="checkbox"/> Light-Sticks	<input type="checkbox"/> Cord Light	_____ ft. Electrical Cord	

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**Sketch or Diagram of Space:**



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