

FRESNO COUNTY / CAL FIRE

CONFINED SPACE RESCUE ENTRY PERMIT

This permit shall be completed and remain at the rescue site for the duration of the rescue operation

PHASE I/ASSESSMENT							
LOCATION OF CONFINED SPACE:				DESCRIPTION OF CONFINED SPACE:			
FACILITY CONTACT:							
DATE/TIME STARTED:				DATE/TIME COMPLETED:			
ACCESS:				CONTENTS:			
ENTRY SUPERVISOR(OPS):							
ENTRY SUPERVISOR SIGNATURE(OPS):				DATE/TIME:			
ATTENDANT:				SAFETY OFFICER:			
AUTHORIZED ENTRANT:				BACK-UP ENTRANT:			
AUTHORIZED ENTRANT:				BACK-UP ENTRANT:			
HAZARDS IN SPACE							
MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> OTHER <input type="checkbox"/>							
ATMOSPHERIC MONITORING RESULTS							
DATE	TIME	%O2	%LEL	H2 P.P.M.	CO P.P.M.	OTHER .P.P.M.	INITIAL
ACCEPTABLE ENTRY CONDITIONS:		>19.5% <23.5%	<10% of LEL	<10 P.P.M.	<25P.P.M.		
!!!!!!!!!!!!!!! <input type="checkbox"/> RESCUE OR <input type="checkbox"/> RECOVERY!!!!!!!!!!!!!!!!!!!!!!!!!!!!							
PHASE II/PRE-ENTRY							
<input type="checkbox"/> OPERATIONS PERIMETER SET=UP				<input type="checkbox"/> PROTECTIVE CLOTHING			
<input type="checkbox"/> CONFIRM LOCK-OUT/TAG-OUT				<input type="checkbox"/> RESPIRATORY PROTECTION <input type="checkbox"/> SAR <input type="checkbox"/> SCBA <input type="checkbox"/> OTHER			
<input type="checkbox"/> ELIMINATE IGNITION SOURCES				<input type="checkbox"/> ATMOSPHERIC MONITORING			
<input type="checkbox"/> LIGHTING				<input type="checkbox"/> VENTALITION <input type="checkbox"/> PPV <input type="checkbox"/> EXHAUST			
<input type="checkbox"/> OTHER:				<input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> VISUAL <input type="checkbox"/> HARDWARE <input type="checkbox"/> RADIO <input type="checkbox"/> ROPE			
<input type="checkbox"/> ENTRY & EXTRICATION: <input type="checkbox"/> TRIPOD <input type="checkbox"/> ROPES				<input type="checkbox"/> WINCH <input type="checkbox"/> LADDER-A-FRAME			
VICTIM PACKAGING: <input type="checkbox"/> STOKES <input type="checkbox"/> KED				<input type="checkbox"/> HARNESS <input type="checkbox"/> HALFBACK OTHER: <input type="checkbox"/>			
<input type="checkbox"/> NON-ESSENTIAL PERSONNEL BACK 50FT.				<input type="checkbox"/> BACK UP TEAM IN PLACE			

PHASE III/ENTRY

ENTRANT NAME	ENTRY TIME	SAR PRESSURE		SCBA PRESSURE			
		IN	OUT	IN	OUT		

PHASE IV/TERMINATION

1. **CONSIDER DECONAMINATION PROCEDURES**
2. **CONSIDER MEDICAL MONITORING/EXPOSURES REPORTING**
3. **REHAB CREWS**
4. **DEBRIEFING/CRITIQUE**
5. **EQUIPMENT REMOVED**
6. **CONSIDER CRITICAL INCIDENT STRESS DEBRIEFING**
7. **SECURE THE SCENE**
8. **RELEASE ALL UNITS TO ECC**
9. **INCIDENT COMMANDER WILL PREPARE A SUMMARY OF SITUATION FOUND UPON ARRIVAL AND ACTION TAKEN. I/C WILL FORWARD ALL DOCUMENTAION TO THE DEPARTMENT SAFETY OFFICER.(WITHIN 24 HOURS)**

NOTES:

