



ON-SITE CONFINED SPACE RESCUE PLAN

This form must be completed with the "Confined Space Entry Permit". Check to confirm: <input style="float: right;" type="checkbox"/>			
Date:	Project:	Location(s) of Confined Space:	
Supervisor (print name):		Attendant (print name):	
IT IS THE RESPONSIBILITY OF THE CONFINED SPACE ATTENDANT TO ENSURE EMERGENCY RESCUE EQUIPMENT and THE MEANS OF SUMMONING HELP IS AVAILABLE AND IN GOOD WORKING CONDITION			
List names of onsite Standard First Aid / CPR personnel (at least one must be part of Rescue Team):			
Rescue Team Members (must be trained in rescue equipment) I have reviewed and understand the rescue plan:			
Name:	Signature:		
Equipment	Inspected and Ready for use?		
Flashlight	Yes <input type="checkbox"/>		
Tripod (tag must be within 1 year of inspection date)	Yes <input type="checkbox"/>		
Self-Retracting Line (tag must be within 1 year of inspection date)	Yes <input type="checkbox"/>		
Full Body Safety Harness (inspected by entrant(s))	Yes <input type="checkbox"/>		
First Aid Kit readily available	Yes <input type="checkbox"/>		
Other:	Yes <input type="checkbox"/>		
Means of Summoning Help (test prior to entry)	Yes or N/A		Tested and Working?
Cell phone	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	
2-way radio	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	
Air horn	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	
Other:	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	
Emergency Contact Numbers			
Police:		EHS Dept:	
Ambulance:		Other:	
Hospital:		Other:	
Supervisor: I have reviewed and understand the rescue plan		Attendant: I have reviewed and understand the rescue plan	



ON-SITE CONFINED SPACE RESCUE PLAN

This form must be completed with the "Confined Space Entry Permit". Check to confirm: <input type="checkbox"/>		
Date:	Project:	Location(s) of Confined Space:
Supervisor (print name):		Attendant (print name):
IT IS THE RESPONSIBILITY OF THE CONFINED SPACE ATTENDANT TO ENSURE EMERGENCY RESCUE EQUIPMENT and THE MEANS OF SUMMONING HELP IS AVAILABLE AND IN GOOD WORKING CONDITION		
List names of onsite Standard First Aid / CPR personnel (at least one must be part of Rescue Team):		
Rescue Team Members (must be trained in rescue equipment) I have reviewed and understand the rescue plan:		
Name:	Signature:	
Equipment	Inspected and Ready for use?	
Signature:	Signature:	