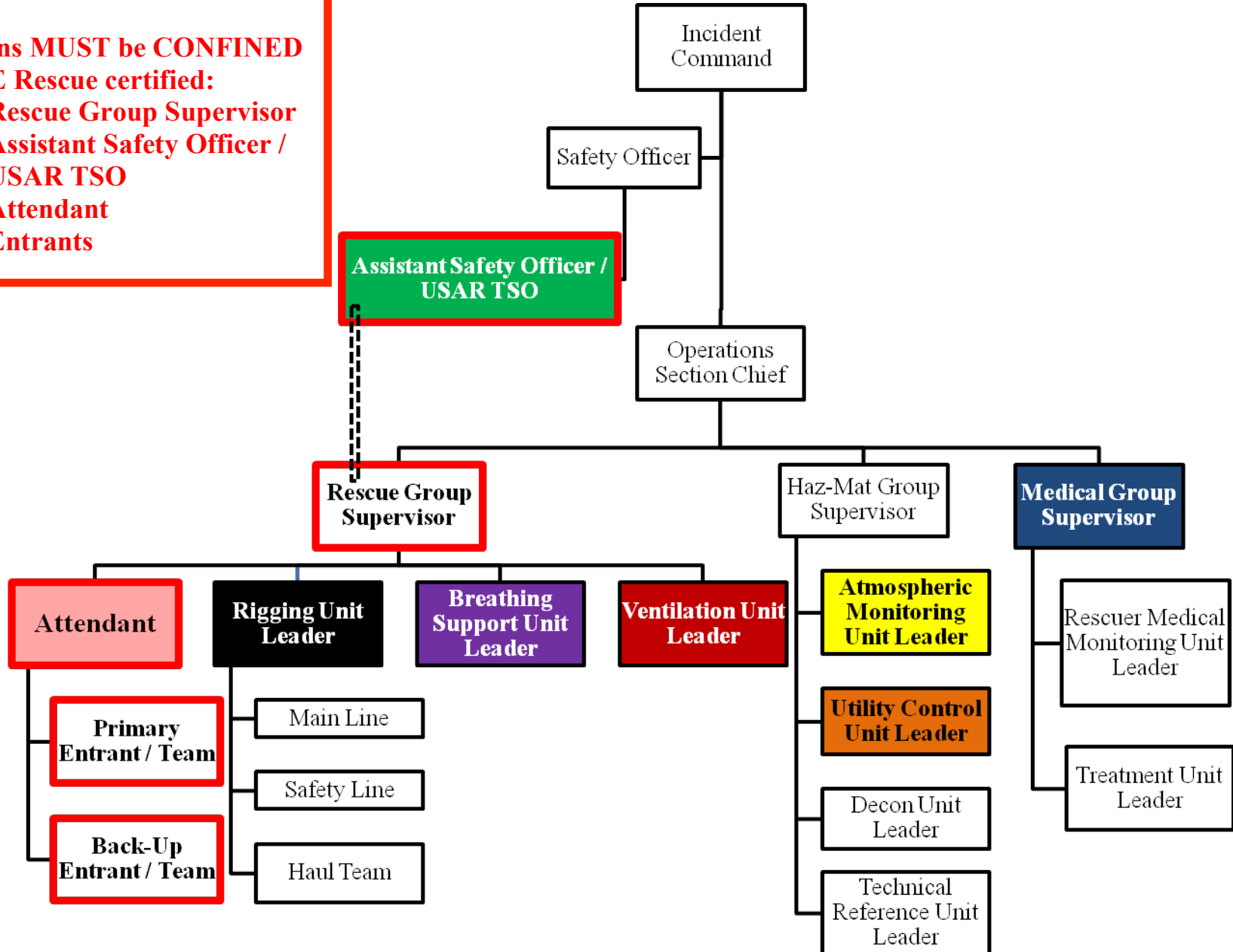


Confined Space Organizational Chart

Positions MUST be CONFINED SPACE Rescue certified:

- **Rescue Group Supervisor**
- **Assistant Safety Officer / USAR TSO**
- **Attendant**
- **Entrants**



Fire Department Confined Space Entry Permit

☐ **Emergency Event** ☐ **Training Event** ☐ **Other** _____

Incident Location:			
Type of Confined Space:		Type of work being performed:	
Site Representative:		Cell Phone #:	
Date:	Time:	Jurisdiction:	Incident Number:
Incident Commander:	Operations Section Chief:	Safety Officer:	CAL/OSHA Rep:

Incident Size-Up

- ☐ Establish control zones and secure perimeter
- ☐ Number of victim(s) _____, and Determine survivability profile: ☐ **RESCUE** ☐ **RECOVERY**
- ☐ Determine nature of incident: ☐ Fire ☐ Trapped ☐ Medical ☐ Hazmat ☐ Other _____
- Establish ICS positions and distribute appropriate Tactical Worksheets

Confined Space Hazards

Detailed check lists and monitoring logs refer to Tactical Worksheets

- ☐ Identify and abate hazards associated with the space: (Lock-out / Tag-Out)
- | | | | |
|--|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Solar | <input type="checkbox"/> Generator | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Atmospheric | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Engulfment | <input type="checkbox"/> Physical Configuration |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Other _____ | | |
- ☐ Establish atmospheric monitoring: *(For more log area refer to Atmospheric Monitoring Unit Leader Worksheet)*

LEL Instrument(s): TMX412 / BW Micro / BW Max / Other:														
Colorimetric Tubes or other type of monitoring equipment:														
Initials:	Time	Top				Middle				Bottom				Special
Gases monitored		O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	
Meter:														
Meter:														
Meter:														

- ☐ Establish ventilation immediately after initial atmospheric monitoring is complete

Ventilation method used: ☐ Positive Pressure ☐ Exhaust ☐ Combination

Fire Department Confined Space Entry Permit

Required Positions Assignments (Bold must be Confined Space Rescue Operational Certified)

- ☐ **Rescue Group Supervisor** (*Cal OSHA Required*) _____
- ☐ **Assistant Safety Officer/ USAR TSO** _____
- ☐ **Attendant** (*Cal OSHA Required*) _____
- ☐ **Primary Entrant #1** (*Cal OSHA Required*) _____
- ☐ **Primary Entrant #2** _____
- ☐ **Back-up Entrant #1** _____
- ☐ **Back-up Entrant #2** _____
- ☐ Breathing Support Unit Leader _____
- ☐ Rigging Team Leader _____

Required Personal Protective Equipment

Entrant log refer to Attendant Tactical Worksheet

Entrant medical monitoring log refer to Medical Group Supervisor Tactical Worksheet

Primary and Back-up entry teams shall be appropriately equipped for hazards identified:

Respiratory: ☐ SCBA ☐ APR ☐ SAR(max 300ft) ☐ None

Clothing: ☐ BDU's ☐ Wildland ☐ Turnouts ☐ Chemical ☐ Other

Communication: ☐ Face to Face ☐ Relay ☐ OATH ☐ Hardwire ☐ Radio(intrinsically safe)

Rescue Equipment: Harness ☐ Class 3 ☐ Anklets ☐ Fall Protection _____

☐ Atmospheric monitoring device for each primary and back-up entrant

Hot Work

Is Hot Work required: Yes ☐ No ☐

Have safety concerns related to hot work been addressed? Yes ☐ No ☐

Pre-Entry Confirmations

- ☐ Confirm safety check on all rope rescue systems completed
- ☐ Confirm pre entry medical monitoring completed for primary and back-up teams
- ☐ Confirm safety check on primary and back-up entry team's safety systems completed
- ☐ Confirm all hazards are abated or within limits
 - ☐ Objectives for Entrants
 - ☐ Communication Plan
 - ☐ Emergency vacate plan

Fire Department Confined Space Entry Permit

Required Signatures

All known hazardous conditions have been abated to the best of our abilities; key positions established, appropriately trained and equipped personnel at scene for the operation.

Signature

Date/Time

Incident Commander _____

Safety Officer _____

Assistant Safety Officer/USAR _____

Rescue Group Supervisor _____

Permit Cancellation

Rescue Group Supervisor _____ Date: _____ Time: _____

Site responsibility turned over to: _____ Date: _____ Time: _____

After the Entry

- ☐ Confirm post entry medical monitoring completed for primary and back-up teams
- ☐ USAR Company shall contact Cal-OSHA within 8 hours of any confined space incident (510) 794-2521
- ☐ Collect Tactical Worksheets, ICS forms and any other documentation used. All documentation will be used for the Post Incident Evaluation and shall be kept for a minimum 2 years.
- ☐ Copies of all paperwork are to be forwarded to all participating agencies for documentation.

Fire Department Confined Space Entry Tactical Worksheet

Jurisdiction:

Incident #

Rigging Team Unit Leader

Main Line Attendant

Safety Line Attendant

Haul Team Leader

(Check boxes when completed)

<input type="checkbox"/>	Briefing from Rescue Group Supervisor
<input type="checkbox"/>	Establish equipment staging area and equipment transportation plan
<input type="checkbox"/>	Coordinate with:
<input type="checkbox"/>	Rescue Unit Leader
<input type="checkbox"/>	Atmospheric Unit Leader
<input type="checkbox"/>	SO
<input type="checkbox"/>	Ventilation Unit Leader
<input type="checkbox"/>	Recon incident area for good size-up
<input type="checkbox"/>	KEEP RIGGING PLAN SIMPLE
<input type="checkbox"/>	All rope systems shall comply with industry standards for rescue operations
<input type="checkbox"/>	Establish fall protection needs for any positions
<input type="checkbox"/>	Establish entry and retrieval system: <input type="checkbox"/> CSR wench <input type="checkbox"/> Rope system <input type="checkbox"/> Ladder <input type="checkbox"/> Other
<input type="checkbox"/>	Establish high point if need: <input type="checkbox"/> Tripod <input type="checkbox"/> Ground Ladders <input type="checkbox"/> Aerial Ladder <input type="checkbox"/> Fixed anchor
<input type="checkbox"/>	Establish Rescuer Harness needs: <input type="checkbox"/> Class 3 <input type="checkbox"/> Anklelets <input type="checkbox"/> Other
<input type="checkbox"/>	Additional staffing needed for hauling equipment / building system?
<input type="checkbox"/>	Remember edge protection.
<input type="checkbox"/>	Exterior lighting for rescuers.
<input type="checkbox"/>	Other equipment; (toolbox, duct tape, etc.)
<input type="checkbox"/>	Confirm that all systems have been safety checked by Assistant Safety Officer (TSO)

Fire Department Confined Space Tactical Worksheet

Jurisdiction:

Incident #

Attendant
(Cal OSHA)

Primary Entry Team (Cal OSHA Entrant)

1. _____

2. _____

Backup Entry Team (Cal OSHA Entrant)

1. _____

2. _____

(Check boxes when completed)

****Attendant must be Confined Space Rescue Operational Certified****

☐ Briefing from Rescue Group Supervisor.

☐ Establish equipment staging area

****All Entrants must be Confined Space Rescue Operational Certified****

☐ Confirm pre entry medical monitoring completed for primary and back-up teams

☐ Primary and Back-up entry teams shall be appropriately equipped for hazards identified:

Respiratory: ☐ SCBA ☐ APR ☐ SAR_(max 300ft) ☐ None ☐ Other

PPE: ☐ BDU's ☐ Wildland ☐ Turnouts ☐ Chemical ☐ Other

Communication: ☐ Face to Face ☐ Relay ☐ OATH ☐ Hardwire ☐ Radio_(intrinsically safe)

Rescue Equipment: Harness ☐ Class 3 ☐ Anklets ☐ Fall Protection _____

☐ Other equipment: _____

☐ Atmospheric monitoring device for each primary and back-up entrant

☐ Establish fall protection needs for any positons

☐ Establish entry and retrivel system: ☐ CSR wench ☐ Rope system ☐ Ladder ☐ Other

☐ Establish high point if need: ☐ Tripod ☐ Ground Ladders ☐ Aerial Ladder ☐ Fixed anchor

☐ Establish Rescuer Harness needs: ☐ Class 3 ☐ Anklelets ☐ Other

☐ Establish victim packaging needs: ☐ Skedco Sled ☐ Wristlets ☐ Harness ☐ Litter ☐ Other

☐ Establish if intrinsically safe tools and equipment is needed

☐ Establish entrant work duration based on environmental conditions

☐ Decontamination zone established if needed

☐ Final safety check completed on rescue safety systems for entry and back-up teams by **Assistant Safety Officer (TSO)**

Fire Department Confined Space Tactical Worksheet

Jurisdiction:

Incident #

[illegible][illegible]

Fire Department Confined Space Tactical Worksheet

Jurisdiction:

Incident #

Fire Department Confined Space Entry Tactical Worksheet

Jurisdiction:

Incident #

Haz-Mat Group Supervisor

Atmospheric Monitoring Unit Leader

Utility Control Unit Supervisor

Decon Unit Leader

Technical Reference Unit Leader

(Utility Control Unit Leader)

<input type="checkbox"/>	Coordinate efforts with Safety Officer and Assistant Safety Officer on scene
<input type="checkbox"/>	Identify site supervisor, representative, maintenance, or competent person on scene
Name & Title: _____ Cell Phone Number: _____	
Name & Title: _____ Cell Phone Number: _____	
<input type="checkbox"/>	Identify and secure general utility hazards
method / device used: _____	
<input type="checkbox"/>	Identify and secure electrical energy hazards
method / device used: _____	
<input type="checkbox"/>	Identify and secure ignition hazards
method / device used: _____	
<input type="checkbox"/>	Identify and secure mechanical hazards
method / device used: _____	
<input type="checkbox"/>	Identify and secure engulfment hazards: liquid, solid, gas, and dust valves secured
method / device used: _____	
<input type="checkbox"/>	Identify and mitigate environmental hazards: weather, hot, cold, rain
<input type="checkbox"/>	Place Sentries when necessary, Identify their location, function, name and agency:
Sentry #1: _____	
Sentry #2: _____	

Fire Department Confined Space Entry Tactical Worksheet

Jurisdiction:

Incident #

(Atmospheric Monitoring Unit Leader)

<input type="checkbox"/>	Briefing with Rescue Group Supervisor and Medical Team Leader
<input type="checkbox"/>	Consult facility operators on-site for other types of hazardous materials to be monitored for.
<input type="checkbox"/>	Other monitoring devices needed for this operation. YES / NO
<input type="checkbox"/>	Correct PPE for air monitoring: SCBA / BDU's / Turnouts / Chemical Protection
<input type="checkbox"/>	Gas Meters for Entry and Backup personnel. TMX412 / BW Micro / BW Max / Other:

LEL Instrument(s): TMX412 / BW Micro / BW Max / Other: [] continuous, or:														
O2 Instrument(s): [] continuous, or:														
Toxicity / PPM Instrument(s): [] continuous, or:														
Colorimetric Tubes or other type of monitoring equipment: [] continuous, or:														
Initials:	Time	Top				Middle				Bottom				Special Notes
Gases monitored		O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														

Initials:	Time	Top				Middle				Bottom				Special Notes
Gases monitored		O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	
Meter:														
Meter:														
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Meter:														
Meter:														

Fire Department Confined Space Entry Tactical Worksheet

Jurisdiction:

Incident #

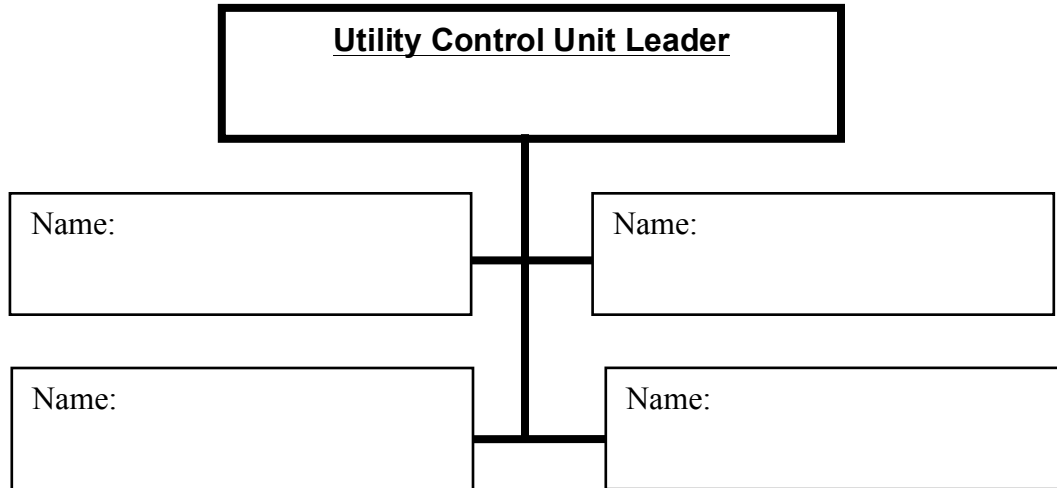
Initials:	Time	Top				Middle				Bottom				Special Notes
Gases monitored		O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														

Initials:	Time	Top				Middle				Bottom				Special Notes
Gases monitored		O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														

Fire Department Confined Space Entry Permit Tactical Worksheet

Jurisdiction:

Incident #



(Check boxes when completed)

<input type="checkbox"/>	Receive incident briefing from Rescue Group Supervisor
<input type="checkbox"/>	Coordinate efforts with Safety Officer and Technical Safety Officer on scene
<input type="checkbox"/>	Identify site supervisor, representative, maintenance, or competent person on scene
Name & Title: _____ Cell Phone Number: _____	
Name & Title: _____ Cell Phone Number: _____	
Name & Title: _____ Cell Phone Number: _____	
<input type="checkbox"/>	Identify and secure general utility hazards
method / device used: _____	
<input type="checkbox"/>	Identify and secure electrical energy hazards
method / device used: _____	
<input type="checkbox"/>	Identify and secure ignition hazards
method / device used: _____	
<input type="checkbox"/>	Identify and secure mechanical hazards
method / device used: _____	
<input type="checkbox"/>	Identify and secure engulfment hazards: liquid, solid, gas, and dust valves secured
method / device used: _____	
<input type="checkbox"/>	Identify and mitigate environmental hazards: weather, hot, cold, rain
<input type="checkbox"/>	Place Sentries when necessary, Identify their location, function, name and agency:
Sentry #1: _____	
Sentry #2: _____	
Sentry #3: _____	
<input type="checkbox"/>	Restoration of utilities referred to site supervisor upon closure of the entry permit

Fire Department Confined Space Entry Tactical Worksheet

Jurisdiction:

Incident #

Atmospheric Monitoring Unit Leader

Name:	Name:
Name:	Name:

(Check boxes when completed)

<input type="checkbox"/>	Briefing with Rescue Group Supervisor and Medical Team Leader
<input type="checkbox"/>	Consult facility operators on-site for other types of hazardous materials to be monitored for.
<input type="checkbox"/>	Other monitoring devices needed for this operation. YES / NO
<input type="checkbox"/>	Correct PPE for air monitoring: SCBA / BDU's / Turnouts / Chemical Protection
<input type="checkbox"/>	Gas Meters for Entry and Backup personnel. TMX412 / BW Micro / BW Max / Other:

LEL Instrument(s): TMX412 / BW Micro / BW Max / Other: [] continuous, or:														
O2 Instrument(s): Same as above [] continuous, or:														
Toxicity / PPM Instrument(s): Same as above [] continuous, or:														
Colorimetric Tubes or other type of monitoring equipment: [] continuous, or:														
Initials:	Time	Top				Middle				Bottom				Special Notes
Gases monitored		O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	
Meter:														
Meter:														
Meter:														
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Meter:														
Meter:														
Meter:														
Meter:														

Fire Department Confined Space Entry Tactical Worksheet

Jurisdiction:

Incident #

RESCUER MEDICAL MONITORING SHEET

Name	Time	Pre Entry Pulse	Pre Entry B/P	Time	Post Entry Pulse	Post Entry B/P	Post Entry Temp.	Cleared From rehab Time

Fire Department Confined Space Entry Tactical Worksheet

Jurisdiction:

Incident #

Initials:	Time	Top				Middle				Bottom				Special Notes
Gases monitored		O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														

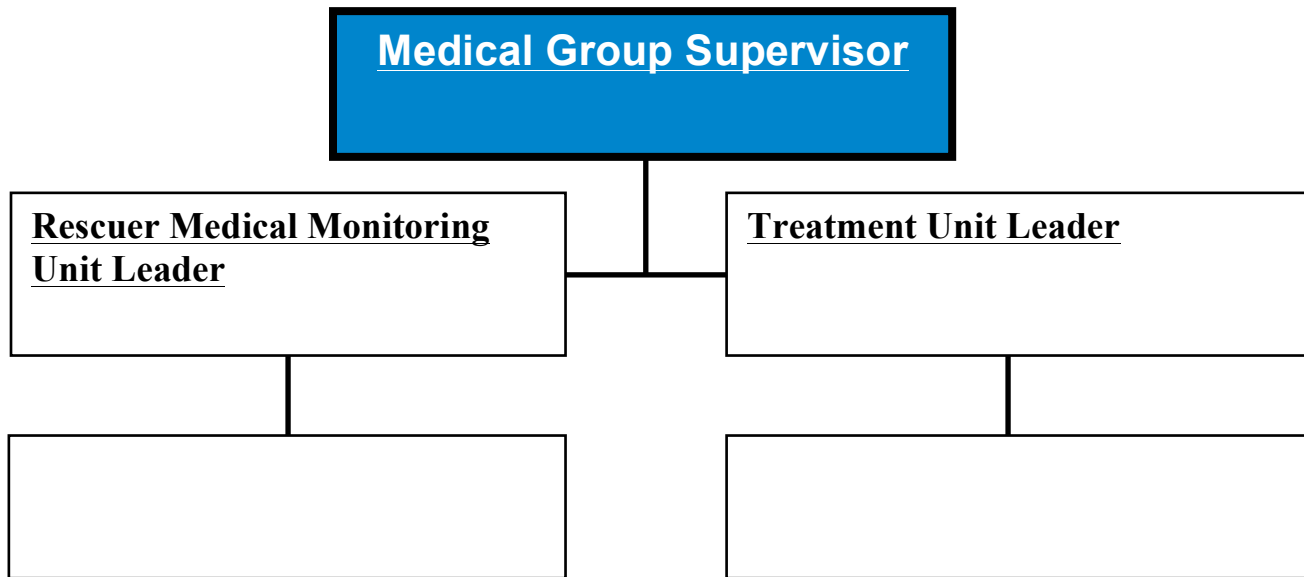
Initials:	Time	Top				Middle				Bottom				Special Notes
Gases monitored		O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														
Meter:														

Initials:	Time	Top				Middle				Bottom				Special Notes
Gases monitored		O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	O ₂	H ₂ S	CO	LEL	
Meter:														
Meter:														
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Meter:														
Meter:														

Fire Department Confined Space Entry Tactical Worksheet

Jurisdiction:

Incident #



(Check boxes when completed)

Rescuer Medical Unit	
<input type="checkbox"/>	Briefing from Rescue Group Supervisor
<input type="checkbox"/>	Hazard communication briefing from Technical Safety Officer
<input type="checkbox"/>	Establish Rescuer Rehab, consider noise, heat / cold, hydration
<input type="checkbox"/>	Establish pre-entry and post-entry medical monitoring (see medical monitoring sheet page 2)
<input type="checkbox"/>	Standby ambulance
<input type="checkbox"/>	Consider rescuer decontamination
<input type="checkbox"/>	
<input type="checkbox"/>	

Treatment Unit Leader	
<input type="checkbox"/>	Establish patient treatment area and medical equipment staging
<input type="checkbox"/>	Standby ambulance
<input type="checkbox"/>	Consider patient decontamination
<input type="checkbox"/>	
<input type="checkbox"/>	