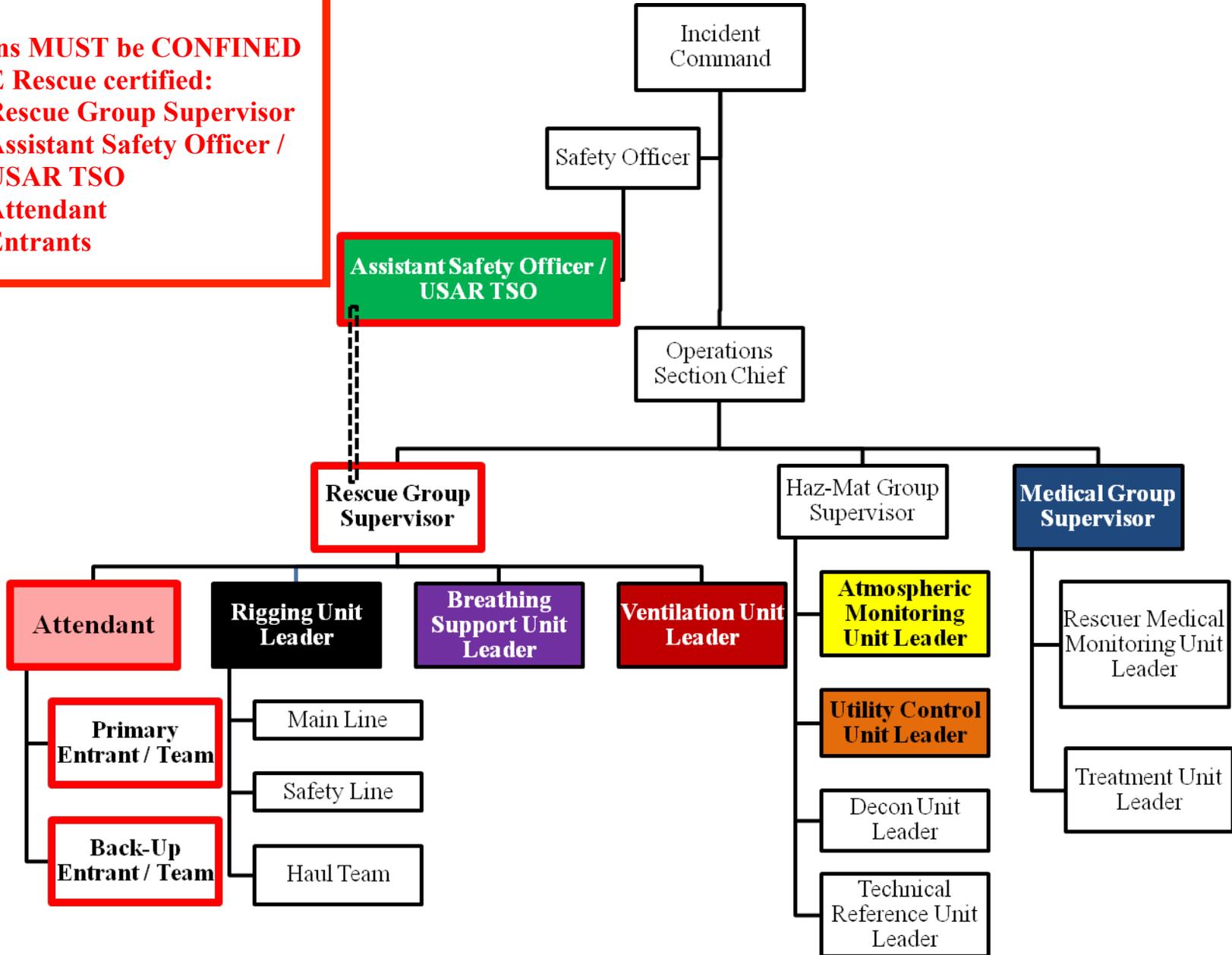


Confined Space Organizational Chart

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)
 - Electrical Solar Generator Gas
 - Atmospheric Mechanical Engulfment Physical Configuration
 - Environmental 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

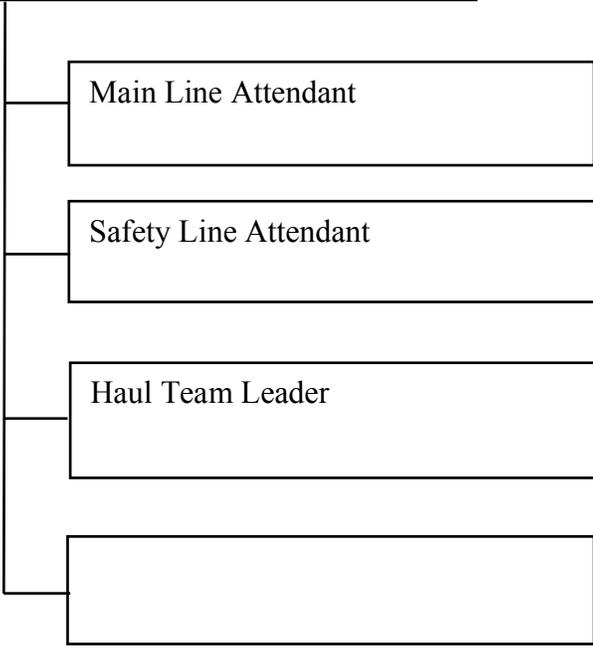
- Confirm post entry medical monitoring completed for primary and back-up teams
- USAR Company shall contact Cal-OSHA within 8 hours of any confined space incident (510) 794-2521
- Collect Tactical Worksheets, ICS forms and any other documentation used. All documentation will be used for the Post Incident 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**



(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 (CalOSHA Entrant)

1. _____

2. _____

Backup Entry Team (CalOSHA Entrant)

1. _____

2. _____

(Check boxes when completed)

| |
|---|
| **Attendant must be Confined Space Rescue Operational Certified** |
| <input type="checkbox"/> Briefing from Rescue Group Supervisor. |
| <input type="checkbox"/> Establish equipment staging area |
| **All Entrants must be Confined Space Rescue Operational Certified** |
| <input type="checkbox"/> Confirm pre entry medical monitoring completed for primary and back-up teams |
| <input type="checkbox"/> Primary and Back-up entry teams shall be appropriately equipped for hazards identified: Respiratory: <input type="checkbox"/> SCBA <input type="checkbox"/> APR <input type="checkbox"/> SAR _(max 300ft) <input type="checkbox"/> None <input type="checkbox"/> Other PPE: <input type="checkbox"/> BDU's <input type="checkbox"/> Wildland <input type="checkbox"/> Turnouts <input type="checkbox"/> Chemical <input type="checkbox"/> Other Communication: <input type="checkbox"/> Face to Face <input type="checkbox"/> Relay <input type="checkbox"/> OATH <input type="checkbox"/> Hardwire <input type="checkbox"/> Radio _(intrinsically safe) Rescue Equipment: Harness <input type="checkbox"/> Class 3 <input type="checkbox"/> Anklets <input type="checkbox"/> Fall Protection _____ <input type="checkbox"/> Other equipment: _____ <input type="checkbox"/> Atmospheric monitoring device for each primary and back-up entrant |
| <input type="checkbox"/> Establish fall protection needs for any positons |
| <input type="checkbox"/> Establish entry and retrivel 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"/> Establish victim packaging needs: <input type="checkbox"/> Skedco Sled <input type="checkbox"/> Wristlets <input type="checkbox"/> Harness <input type="checkbox"/> Litter <input type="checkbox"/> Other |
| <input type="checkbox"/> Establish if intrinsically safe tools and equipment is needed |
| <input type="checkbox"/> Establish entrant work duration based on environmental conditions |
| <input type="checkbox"/> Decontamination zone established if needed |
| <input type="checkbox"/> 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 #

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: | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | |
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Fire Department Confined Space Entry Tactical Worksheet

Jurisdiction: _____

Incident # _____

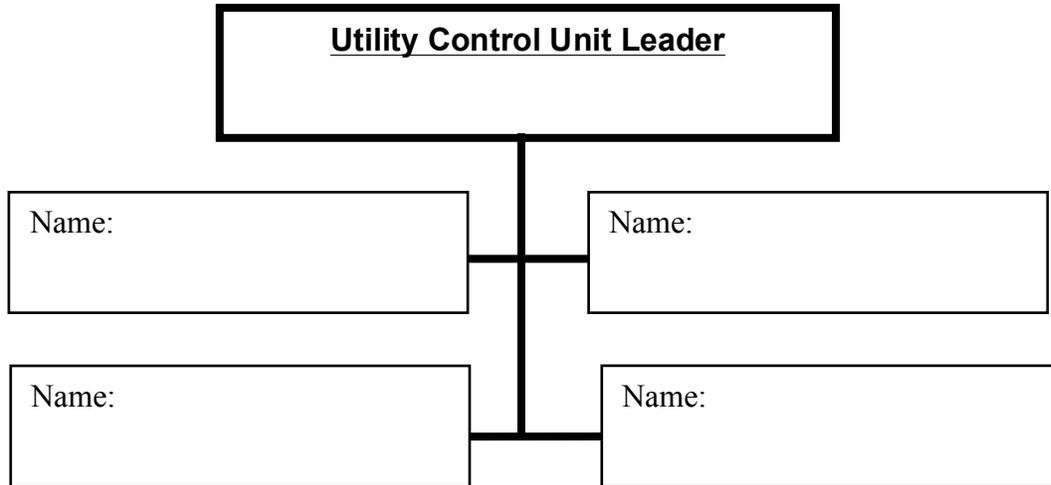
| Initials: | Time | Top | | | | Middle | | | | Bottom | | | | Special Notes |
|-----------------|------|----------------|------------------|----|-----|----------------|------------------|----|-----|----------------|------------------|----|-----|---------------|
| Gases monitored | | O ₂ | H ₂ S | CO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

Fire Department Confined Space Entry Permit Tactical Worksheet

Jurisdiction: _____

Incident # _____



(Check boxes when completed)

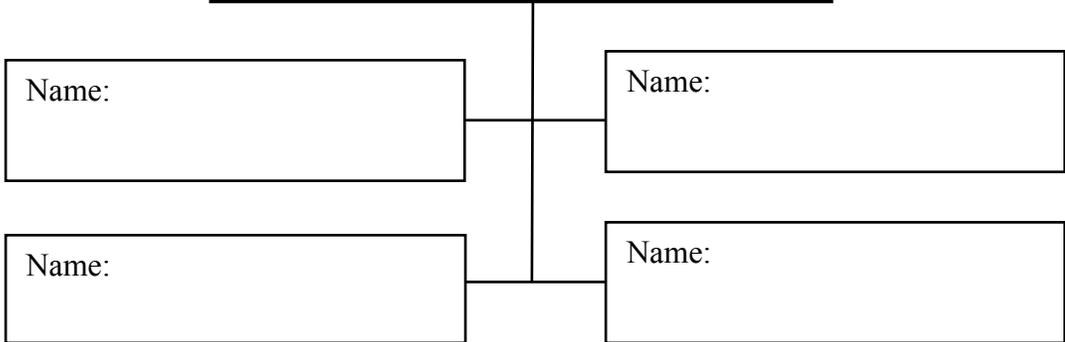
| |
|--|
| <input type="checkbox"/> Receive incident briefing from Rescue Group Supervisor |
| <input type="checkbox"/> Coordinate efforts with Safety Officer and Technical Safety Officer on scene |
| <input type="checkbox"/> Identify site supervisor, representative, maintenance, or competent person 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



(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: | | | | | | | | | | | | | | |

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: | | | | | | | | | | | | | | |
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| Meter: | | | | | | | | | | | | | | |

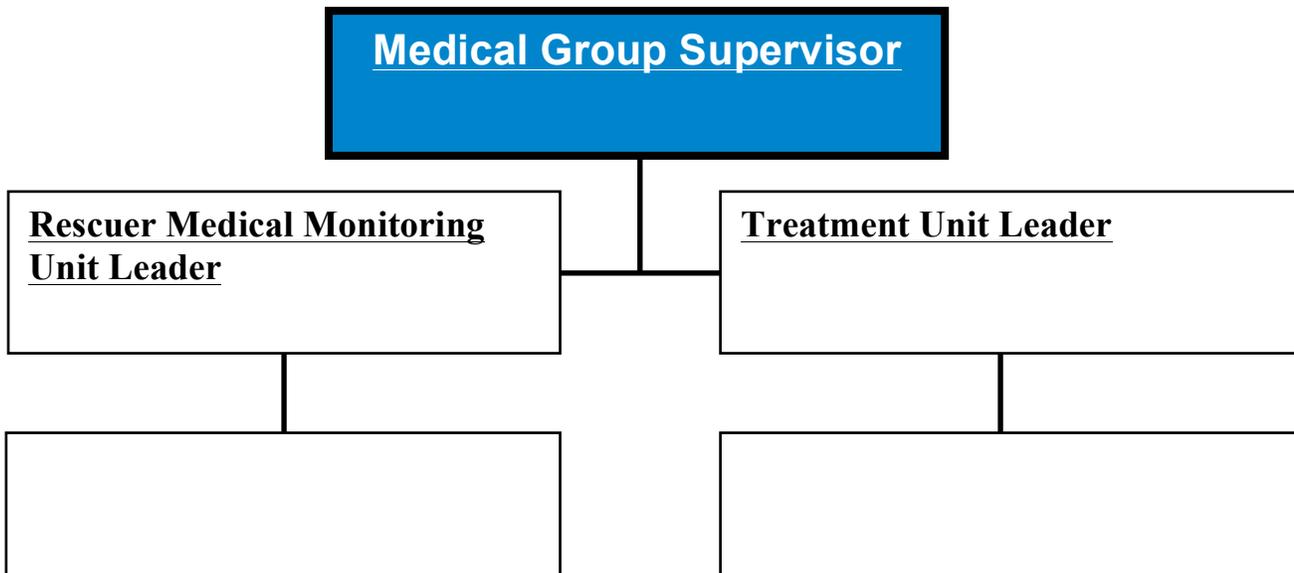
| Initials: | Time | Top | | | | Middle | | | | Bottom | | | | Special Notes |
|-----------------|------|----------------|------------------|----|-----|----------------|------------------|----|-----|----------------|------------------|----|-----|---------------|
| Gases monitored | | O ₂ | H ₂ S | CO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

| 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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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"/> | |