

# Confined Space Rescue Tactical Worksheet

This document is a checklist to assist you with performing your required work tasks in a safe and competent manner. Your observations may dictate the consideration and use of additional appropriate P.P.E., safety barriers and supplementary safety measures.

<b>Assessment</b>	Date:	Time:	
	Entry Permit Available:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Location:		
	Contact Person (RP):		
	Number of Persons Trapped:		
	Time Last Seen:		
	Condition:		
	Condition of Space:		
	Access:		
	Contents of Space:		
	MSDS Available:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Hazards in Space</b>		
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Atmospheric		
<input type="checkbox"/> Electrical			
<input type="checkbox"/> Pneumatic	O2 Percentage _____%		
<input type="checkbox"/> Hydraulic	LEL _____%		
<input type="checkbox"/> Engulfment	H2S _____ppm		
<input type="checkbox"/> Temperature	CO _____ppm		
<input type="checkbox"/> Working at Height			
<input type="checkbox"/> Toxic Substances			
<b>Meter Zeroed</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No    Time: _____    Operator: _____			
<b>Operational Mode</b>			
<input type="checkbox"/> Rescue <input type="checkbox"/> Recovery			

Pre-Entry	<b>Hazard Control</b>					
	Mechanical	<input type="checkbox"/> Block Linkage	<input type="checkbox"/> Disconnect			<input type="checkbox"/> None
	Electrical	<input type="checkbox"/> Lock-Out	<input type="checkbox"/> Tag-Out			<input type="checkbox"/> None
	Pneumatic	<input type="checkbox"/> Lock-Out	<input type="checkbox"/> Tag-Out	<input type="checkbox"/> Bleed Lines	<input type="checkbox"/> Disconnect Lines	<input type="checkbox"/> None
	Hydraulic	<input type="checkbox"/> Lock-Out	<input type="checkbox"/> Tag-Out	<input type="checkbox"/> Bleed Lines	<input type="checkbox"/> Disconnect Lines	<input type="checkbox"/> None
	Piping	<input type="checkbox"/> Blind	<input type="checkbox"/> Disconnect			<input type="checkbox"/> None
	Ventilation	<input type="checkbox"/> PPV	<input type="checkbox"/> Exhaust	<input type="checkbox"/> Local Supply	<input type="checkbox"/> Local Exhaust	<input type="checkbox"/> None
	Atmospheric Monitoring Required and logged every _____ minutes					
	<b>Equipment Required</b>					
	Respiratory PPE	<input type="checkbox"/> SCBA	<input type="checkbox"/> SAR	<input type="checkbox"/> Airline		
	Ventilation	<input type="checkbox"/> Fans	<input type="checkbox"/> Duct			
	Lighting	<input type="checkbox"/> Headlight	<input type="checkbox"/> Cylume stick	<input type="checkbox"/> Flashlight		
	Entry and Extrication	<input type="checkbox"/> Tripod	<input type="checkbox"/> Harness	<input type="checkbox"/> Rope and belay		
	Patient Packaging	<input type="checkbox"/> Harness	<input type="checkbox"/> SKED	<input type="checkbox"/> Litter		
Communication	<input type="checkbox"/> Visual	<input type="checkbox"/> Radio	<input type="checkbox"/> Hardline			

Entry	<b>Team Members</b>		
	Entry Team 1		
	Entry Team 2		
	RIT		
	Attendant		
	Atmospheric Monitoring		

Termination	<b>Termination</b>		
	All clear	Time	
	Rescue Sector Officer	Signature	

Confined Space Entry and Rescue  
Tactical Log

Time	Atmospheric Monitoring					Actions/Benchmarks
	O2	LEL	CO	H2S	Other	