



MABAS DIVISIONS 4 & 5 SRT

Confined Space Entry Permit

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Date of Incident: _____ Business Name: _____
Street Address: _____ Contact Person: _____
City: _____ Number of Victims: _____
Select One: Rescue Recovery Last Known Location: _____

RESCUE TEAM 1

Time In: _____
Time Out: _____

RESCUE TEAM 2

Time In: _____
Time Out: _____

RESCUE TEAM 3

Time In: _____
Time Out: _____

ENTRY SUPERVISOR

SAFETY OFFICER

EDGE ATTENDANT(S)

OTHER PERSONNEL

Title

Name

COMMUNICATIONS:

- Radio Channel: _____
- Rope Signal
- Voice
- Other

**** N/A indicates that a hazard has been assessed and does not exist in the space.**

Hazard Type

Known to Exist in Space**

Mitigation Actions Taken

- Mechanical
- Electric
- RF/Radio
- Collapse
- Entrapment
- Ventilation
- Other



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EQUIPMENT TO BE USED

PPE	_____	Patient Packaging	_____
Rope System	_____	SCBA/SABA	_____
Monitors (Type)	_____	Pressure Check (every 5 min)	5 min: _____
Personal Monitor	_____		10 min: _____
Harness	_____		15 min: _____

ATMOSPHERIC MONITORING LOG (Every 10 Minutes) - continued

Name	Time	Oxygen	% LEL	H2S	Other	Other
	Pre-Entry					

MONITOR EQUIPMENT

Model	Serial Number	Bump Test	Last Calibration Date

The following conditions must be met prior to entry:

- * SCBA or SABA must be used where atmospheric monitoring is outside of normal range.
- * **NO** entry shall be permitted in flammable atmospheres prior to ventilation regardless of respiratory protection.
- * **NO** entry shall be permitted until all life-threatening hazards are mitigated.
- * The entry shall be immediately cancelled if unsafe conditions are found by any of the assigned safety officers or rescue supervisor.
- * Back-up rescuer(s) will be staged at the entry point and immediately deployed if communication is lost with entrants, or if entrant(s) requests assistance.
- * If the back-up rescuer(s) is deployed, new back-up rescuer(s) shall be established.

AUTHORIZATION FOR ENTRY

I _____ hereby authorize entry into the above listed space.
 Signature: _____ Date: _____ Time: _____

PERMIT CANCELLATION

I _____ hereby cancel entry into the above listed space.
 Signature: _____ Date: _____ Time: _____

**** This cancelled permit must be retained for a period of at least one year. ****

