



SR-29 Confined Space Rescue Plan

This Plan Must Be Attached to the Permit in the Field

Confined Space Pre-Entry Rescue Plan

Confined Space Designation (Vessel/Tank Number):			
Confined Space Permit #			
Space Location:			
Description of Confined Space:			
Chemicals/Hazards Encountered:			
Staging Location (Roof/Manway, etc...):			
Method of Rescue:		<input type="checkbox"/> Self Rescue <input type="checkbox"/> Non-Entry Rescue <input type="checkbox"/> Entry Rescue	
Confined Space Entry Level:		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	
Identify Anchoring Points:			
Rescue Equipment Requirements			
Rescue Tripod	<input type="checkbox"/>	Haul Line	<input type="checkbox"/>
Lowering Line	<input type="checkbox"/>	Safety Line(SR)	<input type="checkbox"/>
Raise System	<input type="checkbox"/>	Lowering System	<input type="checkbox"/>
Belay System	<input type="checkbox"/>	Anchor System	<input type="checkbox"/>
Stokes Basket	<input type="checkbox"/>	SKED	<input type="checkbox"/>
Back Board	<input type="checkbox"/>	Harness/Lanyard	<input type="checkbox"/>
Trauma Kit	<input type="checkbox"/>	Ventilation Fan(s)	<input type="checkbox"/>
Supplied Air	<input type="checkbox"/>	Escape Pack	<input type="checkbox"/>
SCBA	<input type="checkbox"/>	Half Respirator	<input type="checkbox"/>
Full-Face Resp.	<input type="checkbox"/>	Lighting	<input type="checkbox"/>
Additional Equipment:			
Confined Space Specifications			
Man-way Size:			
Number of Entry Points:			
Man-way Locations:			
Internal Obstructions:			
Tactics and Strategies			
Additional Comments			
Required Signatures <i>*Safety Notification Sufficient for Level 1 & 2</i>			
Entry Supervisor:	(Print/Sign)	Date:	
Safety Rep :	(Print/Sign)	Date:	