



West Valley Regional Fire Training Consortium

CONFINED SPACE ENTRY PERMIT

PERMIT SHALL BE COMPLETED AND REMAIN AT THE SITE FOR THE DURATION OF THE INCIDENT
PERMIT VALID FOR 8 HOURS FROM THE TIME OF ISSUE

INCIDENT / DISPATCH INFORMATION

DATE: _____ START TIME: _____ INCIDENT #: _____
SITE LOCATION (ADDRESS): _____
SITE REPRESENTATIVE / REPORTING PARTY: _____
INCIDENT COMMAND / ENTRY SUPERVISOR: _____
PURPOSE OF ENTRY: RESCUE RECOVERY TRAINING

SCENE SURVEY

DESCRIPTION OF SPACE (INTENDED USE): _____
OF (POTENTIAL) VICTIMS: _____ TIME ENTERED / LAST SEEN: _____
ACCESS / WORK BEING PERFORMED: _____ EXISTING PERMIT? YES NO
CONTENTS OF SPACE: _____ MSDS AVAILABLE? YES NO

HAZARD IDENTIFICATION

ASSESSMENT
 ATMOSPHERIC HAZARD: ___ % O₂ ___ % LEL ___ PPM CO ___ PPM H₂S
 Other Gases: _____
 CBRNE HAZARD: SUBSTANCE: _____ NIOSH / ERG # _____
 ELECTRICAL HAZARD: High / Low Voltage Back-Up Power Solar / PV System
 MECHANICAL HAZARD: Manual Start / Operation Automated / Automatic Start
 HYDRAULIC / PNEUMATIC HAZARD
 ENGULFMENT / ENTANGLEMENT HAZARD
 OTHER HAZARD(S): _____

HAZARD CONTROL

PRE - ENTRY
 VENTILATION: PPV Exhaust Combination Natural
 CBRNE: Removal / Neutralize / Decon. Time / Distance / Shielding
 ELECTRICAL: Lock-Out / Tag-Out Disconnect
 MECHANICAL: Lock-Out / Tag-Out Disconnect Blocked / Cribbed
 HYDRAULIC/PNEUMATIC: Lock-Out / Tag-Out Disconnect Blinded / Blocked
 OTHER: _____

OPERATIONAL CHECK

PERIMETER CONTROL ESTABLISHED **ATMOSPHERIC MONITORING INITIATED**
 PPE REQUIRED: Helmet Eye / Ear Nomex / FR CHEM LEVEL ___
 RESP. PROTECTION: SCBA Supplied Air APR None
 COMMUNICATIONS: Visual/Voice Radio Hardwired Rope (OATH)
 EQUIPMENT: Fall Protect. Extrication Packaging EMS
 PRE-ENTRY & SAFETY BRIEFING Conducted By: _____ Time: _____

PERSONNEL

ENTRY SUPERVISOR:

SAFETY OFFICER:

ATTENDANT:

AIR MONITORING:

ENTRANT #1

BACK - UP ENTRANT:

ENTRANT #2

BACK - UP ENTRANT:

AIR SUPPLY (SAR):

RIGGING:

ENTRY LOG

ENTRY

<u>ENTRANT</u>	<u>ENTRY TIME</u>	<u>AIR PRESSURE</u>		<u>EXIT TIME</u>	<u>INITIAL</u>
		SCBA	SAR		

ATMOSPHERIC MONITORING

METER (SERIAL #) : _____ CALIBRATION (DATE / TIME) : _____ CAL. GAS ID: _____

<u>TIME</u>	<u>% O2</u>	<u>% LEL</u>	<u>PPM CO</u>	<u>PPM H2S</u>	<u>OTHER</u>	<u>INITIAL</u>

PERMIT CANCELLATION

TERMINATION

- Entry Terminated Reason: _____
 Accountability (PAR) Equipment Retrieved Scene / Space Secure Debrief / AAR

(DATE)

(TIME)

(SIGNATURE – ENTRY SUPERVISOR)

COMPLETED PERMITS SHALL BE RETURNED TO WVTC ADMINISTRATION AND RETAINED FOR NO LESS THAN 1 YEAR