

50 RESCUE PLANS

Pages in quadruplicate

Confined Space

Entry Permit



First Aid and Treatment

SYMPTOMS

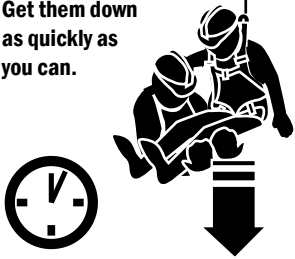
Call 000 Immediately if you notice any of the following symptoms

- Faintness
- Breathlessness
- Sweating
- Paleness
- Nausea
- Dizziness
- Low blood pressure
- Unconsciousness

TREATMENT WHILE SUSPENDED

If hanging in harness and conscious

Use your rescue plan. Get them down as quickly as you can.



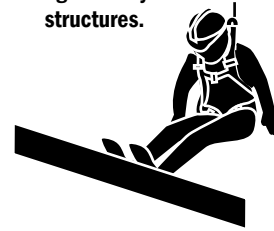
Tell the person to lift their legs and/or pump their leg muscles.



Use their trauma straps (if fitted).



Push their legs against any structures.



You can lower down a rope to help lift their legs.



If hanging in harness and unconscious

Call 000

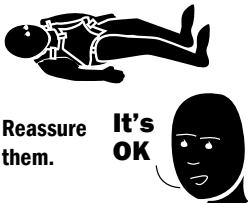


Use your rescue plan. Get them down as quickly as you can.



Once rescued – if the person is conscious

Place the person in a comfortable position, ideally lying down.



Loosen or remove harness.



Give oxygen (if available).



Monitor Breathing

LOOK for the chest moving up and down.

LISTEN for air from the mouth and nose.



FEEL for movement of the chest.

Check for 'gaspings' breaths.

Once rescued – if the person is unconscious but still breathing

Lie the person down on their side.



Loosen or remove harness.



Manage any other injuries.



Monitor Breathing

LOOK for the chest moving up and down.

LISTEN for air from the mouth and nose.

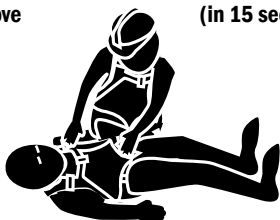


FEEL for movement of the chest.

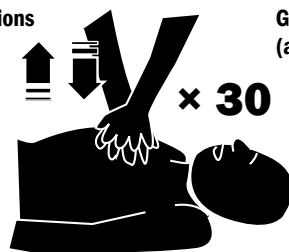
Check for 'gaspings' breaths.

Once rescued – if the person is unconscious but NOT breathing

Lie the person down. Loosen or remove the harness. Start CPR immediately.



Give – 30 compressions (in 15 seconds)



Give – 2 breaths (at normal breathing rate)



TREATMENT ONCE RESCUED

Confined Space Entry Permit

Number: 110012

Location of Work:		Type of Work:.....	
.....		
Site / Hatch / Area ID:.....		
Work Is Authorised for: Date:	Time:	Authorised by:	Signed: Date: / /

PEOPLE AUTHORISED TO ENTER CONFINED SPACE	Trained	Entry		Exit	
		Time	Signed	Time	Signed
(Person In Control)	<input type="checkbox"/>	:		:	
(Standby Person)	<input type="checkbox"/>	:		:	
	<input type="checkbox"/>	:		:	
	<input type="checkbox"/>	:		:	
	<input type="checkbox"/>	:		:	

EXPECTED HAZARDS OF SPACE			
<input type="checkbox"/> Unsafe oxygen levels	<input type="checkbox"/> Risk of engulfment	<input type="checkbox"/> Fumes or gasses	<input type="checkbox"/> Explosive environment
<input type="checkbox"/> Slips / Trips / Falls	<input type="checkbox"/> Heat / Cold	<input type="checkbox"/> Airborne Contaminants	<input type="checkbox"/> Manual handling
<input type="checkbox"/> Biohazards	<input type="checkbox"/> Mechanical / Electrical	<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Steam / Water / Gas
		<input type="checkbox"/> Noise levels	<input type="checkbox"/> Hot work
Other:			

VENTILATION METHOD	<input type="checkbox"/> Natural	<input type="checkbox"/> Purging	<input type="checkbox"/> Inerting	<input type="checkbox"/> Other	Details:
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(P.P.E.) REQUIRED	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Gloves
<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Harness/Lifeline	<input type="checkbox"/> Suitable Footware	<input type="checkbox"/> Breathing Apparatus
<input type="checkbox"/> Safety Helmet	Other:		

ISOLATION REQUIRED FROM	Needed	Initial	Time	ISOLATION REQUIRED FROM	Needed	Initial	Time
Water / Gas / Steam				Mechanical / Electrical Drives			
Fire Extinguishing Systems				Sludge / Deposits / Wastes			
Chemicals / Substances				Grains / Dust / Chips			
Other:				Other:			
Isolation method:				Locks / Tags fixed to isolation points <input type="checkbox"/>			

OTHER CHECKS	Hot Work Permit Required? YES / NO	Intrinsically Safe Equipment Needed? YES / NO
BA Required? YES / NO	Signs/Barricades Up? YES / NO	Fire Fighting/Protection Equipment Needed? YES / NO
Comms Organised? YES / NO	Rescue Plan Complete? YES / NO	Equipment needed for rescue is available? YES / NO

OTHER CONTROLS

GAS TESTING REGIME	<input type="checkbox"/> Before entry	<input type="checkbox"/> Every _____ mins	<input type="checkbox"/> As required	<input type="checkbox"/> Continuously
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ATMOSPHERE GAS TESTING EQUIPMENT			
ID No.:	Calibrated <input type="checkbox"/>	Battery Charged <input type="checkbox"/>	Inspected <input type="checkbox"/>
ID No.:	Calibrated <input type="checkbox"/>	Battery Charged <input type="checkbox"/>	Inspected <input type="checkbox"/>

ATMOSPHERE/ GAS TESTS	Entrance/Exit			Other tests (Should include top centre and bottom of space)						
	Before Opening	Slightly Ajar	Fully Open	1	2	3	4	5	6	7
TIME:	:	:	:	:	:	:	:	:	:	:
% of Oxygen										
% of LEL										
Carbon Monoxide - CO										
Hydrogen Sulfide - H ² S										
Other:										
Other:										

EXITING SPACE CHECKLIST			
All persons accounted for <input type="checkbox"/>	Tools/Equipment Checked <input type="checkbox"/>	Gas Monitors Checked & Returned <input type="checkbox"/>	Permit complete <input type="checkbox"/>
Signed (Person in Control):		Date:	Time:

This Confined Spaces Entry Permit can be purchased at www.easyguides.com.au - or phone 1300 733 220 © Copyright 2012 Easy Guides Australia Pty. Ltd.

WORK AND PEOPLE
HAZARDS AND CONTROLS
GAS/ATMOSPHERE TESTING
EXIT