



Policy:	Confined Space Rescue Plan	Reference:	CSRPSES0012
		Review Date:	05/2023

Confined Space Name/Location:	
Date:	
Completed by:	
Appointed Person:	
Attendees:	

Methods of Communication: <input type="checkbox"/> Phone <input type="checkbox"/> Audible Signal <input type="checkbox"/> 2-way Radios. <input type="checkbox"/> Rope Signal <input type="checkbox"/> Intercom <input type="checkbox"/> Visual hand Signal
Methods of Rescue Employed: <input type="checkbox"/> External retrieval <input type="checkbox"/> patient lowering system required/lowering area <input type="checkbox"/> Anchor overhead
Anchorage: <input type="checkbox"/> Beam <input type="checkbox"/> Stairwell <input type="checkbox"/> Support strut <input type="checkbox"/> Support column <input type="checkbox"/> Other (detail):
Pre-Rigging Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rescue Equipment Requirements: (check where applicable and indicate quantity needed): <input type="checkbox"/> Hauling systems <input type="checkbox"/> Carabiners <input type="checkbox"/> Pulleys <input type="checkbox"/> Shock absorbers/lanyards <input type="checkbox"/> Anchor straps <input type="checkbox"/> Webbing <input type="checkbox"/> Ascenders <input type="checkbox"/> Body harnesses <input type="checkbox"/> Rigging plates <input type="checkbox"/> Safety lines <input type="checkbox"/> Main lines <input type="checkbox"/> Wrist/Ankle harnesses <input type="checkbox"/> Fire Extinguishers
Rescue Equipment Inspections: Identified rescue equipment inspected by competent worker. <i>Signed:</i> _____ <i>Name:</i> _____
Medical Equipment Requirements: <input type="checkbox"/> First aid kit <input type="checkbox"/> Other (detail)



PPE Requirements:

- High visibility vests Hard hats Safety boots Hearing protection Gloves
 Safety glasses/goggles/face shield RPE Safety harness

Description of Space:

Diagram of Space:



This on-site rescue plan and procedures are part of the written plan for the confined space and are based on the assessment of hazards identified.

Prior to Entry and/or Work in the Confined Space:

- The appointed person will ensure that the attached 'on-site rescue plan' for the confined space has been completed and that all the rescue equipment identified in the plan is available to affect a rescue in the confined space.
- The appointed person will ensure that an adequate number of appropriately trained persons are available for immediate implementation of these on-site rescue procedures that apply to the confined space.
- The appointed person will review all emergency procedures, including procedures relating to emergencies outside the confined space with all entrants and other related personnel.
- The appointed person establishes communication with all workers, using the means described in the rescue plan.

On Entry and Whilst Working Within the Confined Space:

- The assigned person who is stationed outside and near the entrance to the confined space as described in the rescue plan remains in constant communication with all workers inside the confined space.
- The assigned person must be notified immediately if an entrant recognises:
 1. Unusual action/behaviour.
 2. An unexpected hazard.
 3. An unsafe act or
 4. Detects a condition prohibited by the permit.
- Entrants must exit the confined space as quickly as possible, when:
 1. An order to evacuate is given by the appointed person or assigned person.
 2. An entrant recognises a sign or symptom of over-exposure.
 3. An unacceptable condition arises or
 4. An evacuation alarm is activated.

**WE THE UNDERSIGNED HAVE RECEIVED, READ, AND UNDERSTOOD THE SITE-SPECIFIC RISK ASSESSMENT
CONFINED SPACE WORKS PERMIT AND SITE-SPECIFIC RESCUE PLAN.**

Name:	Company:	Signature:	Date: