Job:_____ **Location:** _____

Date:_____ **Supervisor:** _____

An Emergency Inside the Confined Space

- The emergency response procedure is initiated by the Attendant by contacting _____ by the following method:

    o Two-Way Radio _____

    o Cellular Phone _____

    o Emergency Phone _____

    o Other Method _____

- Entrants evacuate the confined space.

- The Attendant conducts a head count and reports the numbers to the Two Person Rescue Team when they muster at confined space entrance.

- The Attendant conducts an atmospheric test to determine air quality in confined space if required

- If the injury is minor, entrants are to assist the injured person to the outside of the confined space.

- If the injury is serious and the confined space atmosphere is not hazardous, first aid can be given by the Two Person Rescue Team. The Attendant directs all evacuated entrants to the nearest muster station.

- If the atmosphere is hazardous (indicated by testing or the fact that someone becomes unconscious), entrants are to evacuate the space and no one is to enter the space unless properly equipped and trained with a self-contained breathing apparatus (SCBA). Once evacuated, proceed upwind to the designated muster station.

- No employee will attempt to remove an injured employee from a confined space in an emergency situation if his/her actions are likely to endanger him/her or other employees.

- The Attendant must report the status of the all workers that were inside the space to _____.

An Emergency Outside the Confined Space

- If the emergency is initiated from outside the confined space, the Attendant is to communicate the alarm to those inside the space, by the following method:

    o Voice

    o Air Horn _____ (# of blasts)

    o Other means: _____

- Entrants evacuate the confined space.

- The Attendant conducts a head count and directs all to proceed upwind to the appropriate muster station.

- The Attendant must report the status of the all workers that were inside the space to _____.

Developed by: _____ **Date:** _____

Approved by:_____ **Date:** _____