|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General | | | | |
| Date |  | | Project Number |  |
| Client Name |  | | Location & Vessel # |  |
| Tank ID |  | |  | |
| Emergency Response Team | | | | |
| Confined Space Rescue Lead |  | | BAT -Tech |  |
| Confined Space Rescuer |  | | Bottle Watch |  |
| Confined Space watch |  | | Technical Rescue |  |
| Site Safety Rep |  | | Other | |
| Communications | | | | |
| Comms with Worker/ CS Monitor | | Phone# |  | |
| Channel # |  | |
| Comms with Operations | | Phone# |  | |
| Channel # |  | |
| Comms with EMS | | Phone# |  | |
| Channel # |  | |
| **No rescue task will be undertaken without communications equipment/ systems in place and verified prior to beginning work** | | | | |
| Tank/ Vessel Orientation Description | | | | |
| Description | | | | |
| Vessel Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Manway height from ground\_\_\_\_\_\_\_  Access to Manway: Staircase and landing Scaffold Ladder and platform | | | | |
| Description | | | | |
| Location/description of primary entrance/egress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Manway height \_\_\_\_\_\_\_\_\_ft/m  Burner tube removed for access Yes No diameter of opening \_\_\_\_\_\_\_\_\_\_\_\_\_ft/m    Side manways Yes No Number:\_\_\_\_\_\_\_\_\_ Diameter, ft/m\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Manway Dimensions N/A | | | | |
| Burner access hole orientation (N, NE, NW, S, SE, SW) \_\_\_\_\_\_\_\_\_\_\_  Diameter or width/Height: \_\_\_\_\_in/cm or \_\_\_\_\_in/cm x \_\_\_\_\_\_in/cm  Side Manway #1 orientation (N, NE, NW, S, SE, SW) \_\_\_\_\_\_\_\_\_\_\_  Diameter or width/Height: \_\_\_\_\_in/cm or \_\_\_\_\_in/cm x \_\_\_\_\_\_in/cm  Location: End Bottom Side  Side Manway #2 orientation (N, NE, NW, S, SE, SW) \_\_\_\_\_\_\_\_\_\_\_  Diameter or width/Height: \_\_\_\_\_in/cm or \_\_\_\_\_in/cm x \_\_\_\_\_\_in/cm  Location: End Bottom Side | | | | |

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| --- |
| Tank/ Vessel Diagram |
| N |
|  |
| Muster Points |
| Primary Alternate |
| Notification to stop work and evacuate |
| 3 blasts on: Air Horn Truck Horn Hand Radio Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Task (Job Scope) These are estimated numbers that is expected to vary as the job proceeds |
| Vessel cleaning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of workers  Welding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of workers  Seal repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of workers  Sand blasting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of workers  Coating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of workers |
| Medic on site |
| No Yes, contact method |
| Additional Resources |
| Stretcher (Type: \_\_\_\_\_\_\_\_\_\_\_ ) First Aid Kit Fire Extinguisher  Respirator (Type: \_\_\_\_\_\_\_\_\_\_\_ ) SCBA Other:\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Method/Equipment required to lower patient to the ground: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rescue System Design |
|  |
| Rescue Procedure |
| 1) CSR member will notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_alternate contact will  be \_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the incident/event and may request additional help and/or notify EMS medic service’s pending initial survey of the incident/event. 911 may have to be called and/or determined by on-site EMS.  2) Determine hazards that may be present in the area and control them if any, in the  appropriate means that will safe out the area for the CSR and casualty.  a) If there is an oxygen deficient/hazardous atmosphere, then the rescue personnel will  don the Scott Air Packs before entering the area. b) If there is a plant/site-wide area evacuation, only essential personnel will remain at the  scene (this will be determined at the time of the incident).  3) The CSR lead must pre-determine and coordinate the rescue plan of action. The  assessment, access and appropriate equipment set up are as listed below:  a) Determine if the area is safe to enter or if Scott air packs are required in the event of 02  deficient atmosphere. b) Determine the need for additional personnel to assist with the rescue if there are  multiple injuries. c) Stretcher to be used if there is potential spinal cord injury **by trained personnel only**.  4) CSR lead will designate other member of the CSR to specific duties as required by the  nature of the emergency (ie: multiple injuries, plant/site evacuation during the emergency response.)  5) Once all equipment has been double-checked, the CSR lead will start the Rescue with  verification that all equipment has been checked and ready for use from each of the team members responsible. (Note: all equipment is pre-checked and documented as to working condition prior to set up).  6) Once worker has been removed from vessel start 1st aid immediately until patient is handed over to EMS for a medical assessment will be completed by onsite EMS personnel. If transport is required and practical to do so, the worker will be transported to the closest hospital by means of AHS ambulance services.  7) Once the Emergency Response has been completed, then the CSR will debrief and record  all findings for further follow-up to associate root cause, indirect cause and direct cause for Company investigations to prevent re-occurrence. |
| Immediate First Aid and Evacuation Procedures |
|  |
| Additional Comments |
|  |
| Approvals |

Plan Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Approved by (SFM Lead Rescuer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Approved by (Ops): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Using This Form-** This form is used to ensure safe rescue operations. Upon competition, this document will remain onsite until the completion of the job. This document will be submitted to the General Manager upon completion of the job for record keeping.