

Confined Space Rescue Plan Form

Confined Space Location / Description

Date

Supervisor in Charge

Rescue Team Members

Name, Role

Description of Work / Tasks

Rescue Methods

Self Rescue Procedure

Non-entry Rescue Procedure

Entry Rescue Procedure

Rescue Equipment

Equipment	Location	Checked By	Date Checked

Emergency Contacts

Contact Name & Phone

Rescue Plan Communication

Plan Communicated To (names)

Approval / Authorization

Authorized By

Signature

Date