

Confined Space Rescue Team Evaluation Form

<p>The purpose of this form is to evaluate confined space rescue providers. An evaluation must be completed for each provider considered. Mark each column yes or no, and provide notes as necessary. <i>If there are any "No" answers, this must be addressed before work can continue, a new provider must be sought, or an exemption form must be completed and approved by area management.</i></p>			
Provider:		Date:	
Contact Name:		Phone Number:	
Initial Evaluation			
Evaluation Item	Yes	No	
The rescue team can arrive in time as required by the hazards of the confined space	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue service is available during the times that confined spaces will be entered	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue teams meet the requirements of the confined space OSHA standard	<input type="checkbox"/>	<input type="checkbox"/>	
Confined space attendant has the communication means to easily contact the rescue team if needed	<input type="checkbox"/>	<input type="checkbox"/>	
If required, rescue team can perform rescue in hazardous atmospheric environments	<input type="checkbox"/>	<input type="checkbox"/>	
If necessary, rescue team can provide vertical entry and elevated rescue services	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue team is trained in medical care and emergency response	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue team has the necessary equipment to perform rescue, or is familiar with the company's equipment and hazards/risks	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluation Performed By:		Date:	
Performance Evaluation			
A performance evaluation should be performed annually if the rescue service passes the initial evaluation.			
Training	Yes	No	
All rescuers are trained on Permit Required Confined Space entry	<input type="checkbox"/>	<input type="checkbox"/>	
All rescuers are trained and proficient on the use of personal protective equipment and rescue equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Rescuers have advanced training in CPR and first aid	<input type="checkbox"/>	<input type="checkbox"/>	
All rescuers have documented at a minimum 24 hrs of rope rescue/retrieval training	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue team can perform atmospheric testing and has documented trained on the equipment used	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	Yes	No	
Rescue team performs safely and efficiently	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue team can focus on personnel safety	<input type="checkbox"/>	<input type="checkbox"/>	
Knowledge	Yes	No	
Rescue team understands confined space permits and can obtain relevant information from them	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue team understands hot work permits and can obtain relevant information from them	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue team understands MSDSs/SDSs and can obtain relevant information from them	<input type="checkbox"/>	<input type="checkbox"/>	
The rescue team is familiar with hazards that may occur outside the space that may put them at risk	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue	Yes	No	
If necessary, the rescue team can provide rescue from small space openings	<input type="checkbox"/>	<input type="checkbox"/>	
If necessary, the team can perform high angle rescue	<input type="checkbox"/>	<input type="checkbox"/>	
The rescue team has a rescue plan for each type of confined space they may enter	<input type="checkbox"/>	<input type="checkbox"/>	
The rescue team can practice their rescue plans in similar spaces	<input type="checkbox"/>	<input type="checkbox"/>	
The rescue team has practiced implementing this confined space rescue plan within the last 12 months with a simulated rescue operation	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluation Performed By:		Date:	