Confined Space Rescue Technician Check List

| Technician | | | Agency_ | | | | |
|------------|--|----|---------|---|--|--|--|
| | | ٠. | _ | _ | | | |

Individuals that have been qualified as a Confined Space Rescue Technician are required to maintain their skill level and must complete the following list of performance objectives on an annual basis per 29 CFR 1910.146.

| Confined Space Rescue Skills | Date Performed | Instructor |
|--|----------------|------------|
| Recognize confined spaces | | |
| Preplan a confined space incident | | |
| Recognize the need for confined space search and | | |
| rescue | | |
| Implement the emergency response system for confined space emergencies | | |
| Size up and evaluate existing and potential conditions | | |
| at confined space emergencies | | |
| Implement site control and scene management | | |
| Initiate contact and establish communications with victims | | |
| Recognize and identify the hazards associated with | | |
| nonentry confined space emergencies | | |
| Perform a nonentry retrieval | | |
| Perform entry-type rescue into a confined space | | |
| Assess, plan and implement an entry-type confined | | |
| space rescue operation | | |
| Identify the duties of the rescue entrant(s) and backup | | |
| rescue entrant(s), rescue attendant, and rescue team | | |
| leader | | |
| Prepare for entry into a confined space | | |
| Protect personnel from hazards within the confined | | |
| space | | |
| Initiate and use a medical surveillance program | | |
| Monitor the atmosphere in all parts of the space to be | | |
| entered for oxygen content, flammability (LEL/LFL), | | |
| and toxicity | | |
| Perform ventilation | | |
| Perform Lock Out Tag Out procedures | | |
| Set up and use supplied air breathing apparatus | | |
| Select, construct, and use a rope lowering and raising | | |
| system in the high-angle environment | | |
| Operate rescue and retrieval systems | | |
| Manage the physical and psychological challenges | | |

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| that affect rescuers entering confined spaces | |
|---|--|
| Assess a victim's mental and physical condition | |
| Initiate patient care in a confined space | |
| Transfer victim information to emergency medical | |
| services personnel | |
| Utilize victim packaging devices used in confined | |
| space rescue | |
| Remove all entrants and victims from a confined space | |
| Terminate a confined space incident | |

The Program Manager signature certifies that the listed objectives were met by the above Confined Space Rescue Technician.

| Technician Signature | Date |
|---------------------------|------|
| Instructor Signature | Date |
| Program Manager Signature | Date |