Confined Space Emergency Rescue Services Notification

Section I - Contact Information for Confined Space Site
(Contact Information is Critical and Required in order to activate the Confined Space Permit)

Date: ________________, 20______ Time: ____________________________ Public Safety Official ______________________
Caller ____________________________ Phone or Radio # ___ ___________________ Department _________________________

All spaces below must be completed in order to activate Permit

Supervisor: _______________________________ Phone or Radio # __________________________
Attendant: ________________________________ Phone or Radio # __________________________
The attendant remains outside of the confined space, at the site and in communication with both UMDPS and the people inside the confined space at all times. (Cell #.)

Detailed Location of the confined space REQUIRED: (This should include closest building and direction and distance from the bldg)

1) _________________________ Time in ____________ Time out___________ Location(s) _____________________________
2) _________________________ Time in ____________ Time out ___________ Location(s) _____________________________
3) _________________________ Time in ____________ Time out ___________ Location(s) _____________________________
4) _________________________ Time in _____________ Time out ___________ Location(s) _____________________________
5) _________________________ Time in _____________ Time out ___________ Location(s) _____________________________
6) _________________________ Time in _____________ Time out ___________ Location(s) _____________________________
7) _________________________ Time in _____________ Time out ___________ Location(s) _____________________________
8) _________________________ Time in _____________ Time out ___________ Location(s) _____________________________

* If two manholes are connected as in a video-cam/video snake task, please indicate on the numbered line above and discuss thoroughly with Public Safety.

Section II - Notification Section

Before an entry can be made into a permit-required confined space, rescue services must be available. After fire Department approval, monitor the fire department’s radio frequency, if rescue services become unavailable, all permits must be immediately terminated. (Call the attendant(s)).

Orono Fire Department: 866-4000 Fire Department Available: YES   NO (circle one) Time: _________________________________
Old Town Fire Department: 827-3400 Fire Department Available: YES   NO (circle one) Time: _______________________________

If PRCC answers; have appropriate fire supervisor contact UMPD directly before entry can be made.

Fire Department & Contact Person ______________________________________________________________________________
Time Supervisor notified of Rescue Services availability: __________________________________________________________________

Now fax copy of this form to the fire department: Orono 866-5056; Old Town 827-3976 & Safety & Environmental Mgmt (SEM) 1-4085

Section III - Confined Space Entry Completion

Supervisor / UMPD Official (circle one) terminated entry: Time __________________ Date: __________________
Fire Department Notified: Time _______________ Date: _______________ after completion Fax to 1-4085. If FM, also Fax to 1-2673.