

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.