

## CONFINED SPACE ANALYSIS AND EMERGENCY PLANS

DECEMBER 2017

Description of confined space

Location

Access/egress (for example locations, sizes, and shapes of openings)

Contents of space (for example manure, grain, or milk)

Equipment in space (for example pumps, augers, or valves)

Function or use of space

Adjacent spaces and external surroundings

Security (for example signage, barriers, locks)

Entry required?

Yes No

Reason entry is or is not required

If YES an emergency plan is required

Tasks to be completed on entry

Risk associated with above tasks

Loss of consciousness, impairment, injury or death due to the immediate effects of airborne contaminants Fire or explosion from the ignition of flammable contaminants Difficulty rescuing and treating an injured or unconscious person

Asphyxiation resulting from oxygen deficiency or immersion in a free-flowing material

Other please specify:

Confined Space Emergency Plan Site name

Location on site

Plan developed by

Date (DD/MM/YYYY)

**GPS** coordinates

 Emergency communication requirements

 Emergency phone number:
 000 or 112 from a digital mobile phone

 Potential rescue situations
 Engulfment

 Height
 Hazardous atmosphere

 Hazardous chemicals
 Fire

 Electrical
 Other please specify:

Will entry and exit to the work area impact on any emergency rescue?

Yes No

If YES must be addressed in rescue plan

Emergency equipment requirements (Rescue equipment must be available at the job location prior to commencing the work activity.)

	Harness	First aid kit
	Breathing apparatus	Life / rescue line
	Basket stretcher	Oxygen resuscitation equipment (Oxy-Viva)
	Tripod / davit / anchor points	Roll-up stretcher
	Lighting	Polycarbonate slide sheet
	Rescue strop	Fire fighting equipment
	Hazardous chemical suit	Satellite / mobile phone
	Ventilation equipment	Crane
	Gas detector	Defibrillator
Other rescue equipment requirements		

## Briefing requirements

Participants in the rescue party have been briefed on the rescue plan prior to the work commencing Rescue equipment checked

Signature

Print name

Date (DD/MM/YYYY)