

Confined Space Rescue Plan

A site-specific rescue planning record covering the space, credible emergencies, isolation, rescuers, communications, equipment readiness and practice.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

This records a competent team prepared plan. It gives no generic entry or rescue technique and does not qualify anyone to attempt rescue. Do not begin entry where essential arrangements are missing.

HSE guidance requires adequate emergency arrangements before confined-space work begins and warns against relying on the emergency services alone. Avoid entry where possible; where entry is unavoidable, a safe system of work and suitable rescue arrangements are needed. The plan must reflect the actual space and hazards.

2. Space and work

Space ID, location and access details *

Planned work and reason entry cannot be avoided *

Confined-space assessment and permit references *

Relevant atmosphere, engulfment, machinery and other hazards *

Isolation and verification arrangements *

3. Rescue arrangements

Emergency scenario (copy this block for each one)

Credible emergency scenario *

Site-specific rescue method prepared by competent people *

Required people, equipment and access *

Limitations, stop conditions and escalation *

4. People and communication

Rescue coordinator and contact *

Rescuers, competence and availability *

Entry team communication, alarm and emergency call arrangements *

First aid, medical support and emergency service access

5. Readiness and practice

Practice or exercise reference and date

Record the exercise scenario, participants and shortcomings against the approved arrangements. An exercise record is not authority to enter.

Required rescuers and competent supervision available * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Rescue equipment and relevant checks confirmed *

 (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Communication and alarm arrangements checked *

 (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Method practised and limitations resolved *

 (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Who confirms readiness before entry and how

6. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.