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| **Date:** |  | **Time:** |  |

| **Training Agenda** | | |
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| **CONFINED SPACE VIDEO** |  |  |
| **CONFINED SPACE ENTRY PERMIT** |  |  |
| **CONFINED SPACE PRE-ENTRY CHECKLIST** |  |  |
| **ATMOSPHERIC TESTING PROCEDURE** |  |  |
| **CONFINED SPACE DEFINITIONS** |  |  |
| **PERMIT-REQUIRED CONFINED SPACE DECISION FLOW CHART** |  |  |
| **COORDINATION WITH HOST EMPLOYER** |  |  |
| **NON-PERMIT CONFINED SPACE** |  |  |
| **PERMIT-REQUIRED CONFINED SPACE:** |  |  |
| **PROCEDURE FOR IDENTIFYING CONFINED SPACES** |  |  |
| **PREPARATIONS FOR ENTRY INTO PERMIT SPACE** |  |  |
| **PRE-ENTRY TESTING OF CONFINED SPACE** |  |  |
| **PREPARING THE ENTRY PERMIT** |  |  |
| **TRAINING AND EDUCATION** |  |  |
| **VENTILATION EQUIPMENT** |  |  |
| **RESCUE EQUIPMENT (Hands on)** |  |  |
| **RESCUE AND EMERGENCY SERVICES** |  |  |
| **M40 CONFINED SPACE MONITOR (Video and Hands On)** |  |  |

| ***By signing below I acknowledge that I understood all of the above topics of training*** | | | | |
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| **Print Last Name** | | **Print First name** | | **Signature** |
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| **Revision / Review History** | | | |
| --- | --- | --- | --- |
| **Revision** | **Date** | **Authorized By** | **Changes** |
| 1 | 9/11/2000 | Safety Director | New Program |
| 2 | 1/15/2001 | Safety Director | Annual Review |
| 3 | 1/10/2002 | Safety Director | Annual Review |
| 4 | 1/11/2003 | Safety Director | Annual Review |
| 5 | 1/15/2004 | Safety Director | Annual Review |
| 6 | 1/10/2005 | Safety Director | Annual Review |
| 7 | 6/27/2006 | Safety Director | Annual Review |
| 8 | 9/6/2007 | Safety Director | Annual Review |
| 9 | 8/23/2010 | Safety Director | Annual Review |
| 10 | 10/3/2012 | Safety Director | Annual Review |
| 11 | 11/10/2012 | Safety Director | Annual Review |
| 12 | 9/25/2013 | Safety Director | Annual Review |
| 13 | 6/30/2016 | Safety Director | Annual Review-Updated and new format |
| 13 | 6/30/2017 | Safety Director | Annual review |
| 13 | 7/01/2018 | Safety Director | Annual review |
| 13 | 6/7/2019 | Safety Director | Annual Review |
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