**Confined Space Safety Training Roster**

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| **EPA Organization** |  |
| **Training Program Name:** | Confined Space Awareness  Confined Space Permit Required – Entry Supervisor Certification  Confined Space Permit Required – Entrant/Attendant Certification  Confined Space Permit Required – Air Monitoring Personnel  Confined Space Permit Required – Rescue Team Certification  Confined Space Permit Required – Rescue Team Annual Refresher  Rescue Drill  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Program Location:** |  |
| **Name of Instructor:** |  |
| **Training topics included (check all that are applicable):**  Host and controlling employers.  Permit system/entry permit (and termination of permit).  Alternate entry procedures.  Potential confined space hazards and the consequences of exposure.  Recognition of dangerous situations (inside and/or outside the space).  Safety precautions, emergency procedures, and equipment to be used during entry operations.  Communications procedures and proper use of communication equipment.  Selection, use, and inspection of PPE and specialized equipment/devices (including rescue equipment, if applicable).  Monitoring confined space atmospheres prior to and during entry.  Ventilation procedures and operation of equipment.  Policy/procedures to prevent unauthorized entry.  Evacuation procedures.  Initiation of emergency response/emergency services (including non-entry rescue).  Duties/responsibilities of authorized entrants.  Duties/responsibilities of authorized attendants.  Duties/responsibilities of entry supervisors.  Duties of rescuers.  Basic first aid and cardiopulmonary resuscitation.  Participation in simulated rescue.  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Quiz or other means to demonstrate employee proficiency in the duties required. | |

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| **Employee Name (print)** | **Signature** | **Location** | | **Telephone/E-mail** |
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| **Signature of Instructor:** | | | **Date:** | |