**Confined Space Safety Training Roster**

|  |  |
| --- | --- |
| **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. |

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