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| --- | --- |
| **Date:** | **Department:** |
| **Equipment Name:** | **Area:** |
| **Equipment # :** | **Location:** |
| **Rescue staging area:** | |
| **Air Supplied Entry Required:**  Yes  No **Type of Atmosphere:** | |
| **Space Type:**  Elevated  Ground Level  Horizontal  Vertical  Top Entry  Bottom Entry  Congested Interior  Other | |
| **Means to Summons Rescue Service**: **(760)762-7911**  Radio  Phone   Audible Signal   Cell Phone  Other | |
| Method of Rescue:  External (retrieval)  Internal Hauling System Lowering System  Anchorage  Pre-rigging Required  Harness/Tagline Required | |
| **Anchorage:**  Steel beam  Anchored Steel Pipe  Support Column  Support Strut  Other | |
| **Space Description:** | |
| |  | | --- | | Insert Photos, Sketch or Diagram of Space: | | |
| **Area Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Safety Department/ERT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |