Department of
**Corrections**
WASHINGTON STATE

Name: _____ DOC number: _____ Date: _____

Upon completion of the confined space awareness training, the following site-specific training will be completed prior to performing entry duties.

☐ **Roles and responsibilities:** Review the roles and responsibilities of the Entry Supervisor, attendant, entrant, and rescue personnel.

☐ **Emergency reporting:** Incarcerated workers will immediately notify the supervisor or other on-site employee/contract staff of an emergency before moving out of the area to be secured and accounted for prior to the arrival of emergency personnel.

☐ **Potential and known hazards:** Training on known and potential hazards and mitigation strategies for each hazard and for each space where entries will be performed.

☐ **Emergency retrieval equipment:** Demonstration on the proper use of an evacuation harness, tripod/winch, ropes, and lanyards. Incarcerated workers who assist with confined space entry are not authorized nor trained to conduct rescues, but should be aware of the basic process and equipment that may be present during a rescue.

☐ **Air testing equipment:** Demonstration on proper use, care, and maintenance. Instruction on operational methods, sensory function, bump testing requirements, and logging of test results.

☐ **Ventilation equipment:** Demonstration on proper use, care, and maintenance. Instruction on operational methods necessary for effective ventilation.

☐ **Personal Protective Equipment (PPE):** Demonstration on the proper use, care, and maintenance for the various types of PPE used to mitigate the potential hazards identified for the each space.

☐ **Other controls** (e.g., lighting, ladders, ropes)**:** Location of equipment. Demonstration of proper use, care, and maintenance, including regular inspections to ensure reliability.

I have received and understand this training and all my questions have been addressed.

_____ _____
Signature                                                    Date

The worker demonstrates accurate and proficient understanding, knowledge, and skills necessary to safely perform confined space entry duties.

_____ _____ _____
Trainer/supervisor                      Signature                                                Date

Distribution: **ORIGINAL** - Confined Space Manager          **COPY** - Supervisor, Worker's training file