

Introduction to Confined Space Emergencies – Awareness (CSPE-A), 8 hours



York County Fire School

"A part of the Fire Chiefs and Firefighters Association of York County"

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Course Title: Introduction to Confined Space Emergencies, **SFA Course Code:** CSPE **Length of Course:** 8 Hours

Prerequisites: Introduction to Farm Emergencies

Referenced Texts: TBA

Course Goal: Students will be able to size-up and develop a strategy for managing a farm confined space rescue.

Description of Course: This awareness module is designed to teach emergency providers (fire, rescue, EMS, & police) how to properly size-up and develop an initial strategy for managing a farm confined space emergency. Responders will learn OSHA 29 CFR 1910.146 applies to emergencies involving various confined spaces found on the farm. Emphasis will be placed on identifying typical farm confined spaces (silos, grain bins, manure storages, tanks, controlled atmosphere storages, etc.); reviewing confined space entry requirements and procedures; and identifying level of response for emergency response agencies.

Dates: October 25th; 08:00 – 17:00

Instructor: Eric Rickenbach

This is a Pennsylvania State Agricultural Rescue Training Course

USING INK PLEASE WRITE CLEARLY.

REGISTRATION INFORMATION

Student Name : _____ Date of Birth ___/___/___ Age ___

Sponsoring Organization: _____ Sta. No. _____

Address: _____

City: _____ State: _____ Zip: _____

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(Student's Email Address)

(Student's Phone #)

CHIEF'S AUTHORIZATION

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions that would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of AUTHORIZING PERSON: _____

E-mail address **OR** phone # for confirmation / class cancellation notification purposes only (**REQUIRED**):

Phone Number (_____) _____ - _____ @ _____.

Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY.

Thank you.