

Section I – General Information

Space Name: _____ Space Description: _____

Space No./ID: _____

Space Location: _____

Section II – Confined Space

	Yes	No	Comments
Can you enter and perform assigned work?			
Are there limited/restricted means for entry or exit?			
Is space not designed for continuous employee occupancy?			

If answer to all three above are yes, the space in question is considered a confined space. If it is determined the space is a confined space, complete section II to determine if space is considered a permit required confined space.

Section III – Permit Required Confined Space

	Yes	No	Comments
Contains or has the potential to contain a hazardous atmosphere? <i>If yes, list under comments.</i>			
Contains a material that has the potential for engulfing the entrant? <i>If yes, list under comments</i>			
Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which sloped downward and tapers to a smaller cross section?			
Contains any other recognized serious safety hazard? <i>If yes, list under comments</i>			

If the answer to any one of the above in section two is yes, the space in question is considered a permit required confined space.

Section IV – Comments/Other *Please list or identify any additional comments or concerns below such as description of entry portal, access restrictions and/or traffic concerns, etc...*

Greater than 4' vertical travel _____
 Horizontal Entry _____

Can space be reclassified? Yes No _____

Can alternate procedures be used? Yes No _____

Name: _____

Date: _____