

**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?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there limited/restricted means for entry or exit?	<input type="checkbox"/>	<input type="checkbox"/>	
Is space not designed for continuous employee occupancy?	<input type="checkbox"/>	<input type="checkbox"/>	

*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>	<input type="checkbox"/>	<input type="checkbox"/>	
Contains a material that has the potential for engulfing the entrant? <i>If yes, list under comments</i>	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
Contains any other recognized serious safety hazard? <i>If yes, list under comments</i>	<input type="checkbox"/>	<input type="checkbox"/>	

*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: \_\_\_\_\_