

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