

# Confined Space/Permit Space Evaluation Survey

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Name/description of this space \_\_\_\_\_

Location of this space \_\_\_\_\_

Person performing this survey \_\_\_\_\_

Date of this survey \_\_\_\_\_

## Section 1 — Use this section to determine if the space is a confined space

Yes

No

Is the space large enough and so configured that an employee can enter and perform assigned work?

Yes

No

Does the space have restricted means for entry or exit? Doorways and other portals through which a person can walk are normally not considered restricted means for entry or exit.

Yes

No

Is the space *not* designed for continuous employee occupancy?

**If all three answers are Yes, this is a confined space. Proceed to Section 2.**

## Section 2 — Use this section to determine if the space is a permit space

Yes

No

Does the space contain or have a potential to contain a hazardous atmosphere? Examples: combustible dusts, flammable mixtures, or oxygen deficiency that may expose employees to the risk of death, incapacitation, or acute illness.

Yes

No

Does the space contain a material that has the potential for engulfing an entrant? Examples: liquids or granular solids.

Yes

No

Does the space have an internal configuration such as inwardly converging walls or a sloping floor that could trap or asphyxiate an entrant?

Yes

No

Does the space contain another serious safety or health hazard? Examples: radiation, noise, electricity, and moving parts of machinery.

**If any answer is Yes, this is permit space. An entry permit is required for entry.**

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# Confined Space Entry permit

Permit date:   /  /   Work shift: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Expires:   /  /  

Time started: \_\_\_\_\_

Permit space to be entered (name and location of space): \_\_\_\_\_

Purpose of entry: \_\_\_\_\_

**Names of trained, authorized individuals**

- Entry supervisor: \_\_\_\_\_
- Entry attendant: \_\_\_\_\_
- Authorized entrants: \_\_\_\_\_
- Authorized entrants: \_\_\_\_\_

**Emergency contact information**

Emergency responder: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact person: \_\_\_\_\_ Time: \_\_\_\_\_

**Pre-entry requirements**

Requirements	Yes	No	N/A	Requirements	Yes	No	N/A
Lockout - tagout/de-energize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot work permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipes(s) broken or capped or blanked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall arrest harness/lifeline/tripod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purge or flush or drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation (natural or mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-sparking tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respirator, type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other PPE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractor employees involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other PPE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Space-monitoring results**

Space-monitoring results		Test 1	Test 2	Test 3	Test 4
Monitor at least every four hours	Permissible entry levels	Time: Initial:	Time: Initial:	Time: Initial:	Time: Initial:
Percent oxygen	19.5% to 23.5%				
Combustible gas	Less than 10% LEL				
Other toxic gas					
Other toxic gas					
Other toxic gas					

# Confined Space Entry permit (continued)

Possible atmospheric hazards	Yes	No	N/A
Lack of oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible vapors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible dusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic gases/vapors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possible non-atmospheric hazards			
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature extreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engulfment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrapment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other non-atmospheric hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Pre-entry checklist

Do not enter this permit space until the following "needs action" conditions are corrected.

OK	Needs action	
<input type="checkbox"/>	<input type="checkbox"/>	Before entering the permit space, the supervisor or designee must notify the rescue team. IDLH conditions require at least one rescue team member located outside the space.
<input type="checkbox"/>	<input type="checkbox"/>	A minimum of two employees must be assigned to work involving permit space entry. One employee must remain outside the permit space at all times.
<input type="checkbox"/>	<input type="checkbox"/>	The surrounding area must be surveyed to show that it is free of hazards such as drifting vapors from tanks, piping, sewers, or vehicle exhaust.
<input type="checkbox"/>	<input type="checkbox"/>	Those responsible for operation of the gas monitor have been trained.
<input type="checkbox"/>	<input type="checkbox"/>	Gas monitor calibration tests and functional test (fresh air calibration) have been performed this shift on the gas monitor. If so, by whom? _____
<input type="checkbox"/>	<input type="checkbox"/>	The atmosphere will be continuously monitored while the space is occupied, if required by entry procedure.

## This permit has been terminated for the following reason:

Work completed       Canceled      Time: \_\_\_\_\_      Note: \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Time: \_\_\_\_\_ Date: / /

Return this completed permit to \_\_\_\_\_ . Review, then file for one year.