

# ATTACHMENT G - Confined Space Evaluation and Identification Form

CONTRACTOR/COMPANY NAME: \_\_\_\_\_

## 1. IDENTIFY SPACE AND WORK TO BE PERFORMED

Space to be Entered: _____	<input type="checkbox"/> INSPECTING	<input type="checkbox"/> CLEANING	<input type="checkbox"/> MAINTENANCE
Location/Building: _____	<input type="checkbox"/> WELDING, CUTTING OR BURNING		<input type="checkbox"/> OTHER (Specify) _____

Hazardous Materials to be taken into or hazardous work to be performed inside of the space:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 2. IDENTIFY THE PERMIT SPACE FOR HAZARDS (Indicate specific hazards that may be present)

<input type="checkbox"/> Unsafe to remove cover (excess pressure or temperature)	<input type="checkbox"/> Materials harmful to skin contact (acids/caustics)
<input type="checkbox"/> Oxygen Deficient (less than 19.5%)	<input type="checkbox"/> Mechanical Hazards
<input type="checkbox"/> Oxygen Enrichment (greater than 23.5%)	<input type="checkbox"/> Electrical Shock Hazards
<input type="checkbox"/> Flammable Gases/Vapors (greater than 10% LEL)	<input type="checkbox"/> Potential for Fall Hazards
<input type="checkbox"/> Airborne Combustible Dust (obscure vision at 5 feet)	<input type="checkbox"/> Engulfment by solid/liquid material
<input type="checkbox"/> Toxic Gases/Vapors (greater than the OSHA PEL)	<input type="checkbox"/> Other: _____

## 3. TEST SPACE BEFORE INITIAL ENTRY & REGULARLY THEREAFTER & BEFORE OPEN FLAME WORK. Ensure that equipment is properly LOCKED OUT before opening space for testing. Always investigate cause when tests are different from normal air. (Continuation sheet for air monitoring on the back of this form.)

Gas	Air	Conditions	Initial Air Test	Retest # 1	Retest # 2
Oxygen	20.9%	> 19.5% - < 23.5%	_____ : am/pm	_____ : am/pm	_____ : am/pm
Flammability	0%	<10% LEL/LFL	_____ : am/pm	_____ : am/pm	_____ : am/pm
Carbon Monoxide	0 ppm	< 35 ppm	_____ : am/pm	_____ : am/pm	_____ : am/pm
Hydrogen Sulfide	0 ppm	< 10 ppm	_____ : am/pm	_____ : am/pm	_____ : am/pm
Sulfur Dioxide	0 ppm	< 5 ppm	_____ : am/pm	_____ : am/pm	_____ : am/pm
Ozone	0 ppm	<0.1 ppm	_____ : am/pm	_____ : am/pm	_____ : am/pm
Other (specify)			_____ : am/pm	_____ : am/pm	_____ : am/pm

Date and initials performing air-monitoring test: \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Initials: \_\_\_\_\_

Instrument or Serial Number: \_\_\_\_\_ Date of Last Calibration: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## 4. STEPS TAKEN TO MAKE SPACE SAFE BEFORE ENTRY - Isolation & Control Methods

<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Verify Hazardous Energy Controls	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Purge/Clean
<input type="checkbox"/> Purge/Clean	<input type="checkbox"/> Vent/Drain	<input type="checkbox"/> Blank/Blind Flange	<input type="checkbox"/> Inert
<input type="checkbox"/> Ventilate	<input type="checkbox"/> Barriers	<input type="checkbox"/> Other Methods (Specify)	<input type="checkbox"/> _____

### PERSONNEL AWARENESS

Pre-entry briefing on specific hazards, control methods, and emergency action plans completed

Notify affected worker of permit and hazardous conditions.

## 5. CERTIFY CONTROL MEASURES TAKEN, CLASSIFY SPACE, AND POST PERMIT (check one only)

**NON-PERMIT** (low hazard) – All hazards have been eliminated, none to be released by work. Follow basic safety precautions for the work being performed.

**ALTERNATE ENTRY** (ventilation controlled) - Only the possibility of atmospheric hazards remain or will be released by work, which are controllable by continuous forced air ventilation. Ventilate before and during entry, with periodic air monitoring to ensure safety of air in the space. (Ventilation required for welding and cutting, painting and solvent use.)

**PERMIT REQUIRED** (attendant required) - Atmospheric and/or physical hazard remains. **STOP.** Complete steps 6 through 10 on the back of this permit.

Entry Supervisor's Name: _____	Signature: _____
Date: _____ - _____ - _____	Time: _____ am/pm
Authorized Duration of Permit: _____ - _____ - _____	Time from: _____ am/pm to: _____ am/pm

## 11. END ENTRY

I have checked the confined space to make sure no one is in it, and appropriate measures have been taken to return the space back to normal service, if applicable. This permit is now complete and I must fill out a new permit for re-entry.

Printed Name	Signature	Date	Time
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**THIS PERMIT MUST BE POSTED AT THE ENTRANCE TO THE CONFINED SPACE**  
**PERMIT-REQUIRED ON THIS PERMIT IS ONLY GOOD FOR THE DURATION OF THE SHIFT**  
**NO TIME LIMIT ON ALTERNATE ENTRY OR NON-PERMIT CONFINED SPACE UNLESS HAZARDS CHANGE**  
**ENTRY SUPERVISORS MUST CHECK CONDITIONS ON THIS PERMIT AND RETEST SPACE BEFORE ENTRY IS ALLOWED**

**CONTINUATION SHEET FOR AIR MONITORING, TEST SPACE REGULARLY**

Gas	Air	Conditions	Retest # 3	Retest # 4	Retest # 5
Oxygen	20.9%	> 19.5% - < 23.5%	_____ : am/pm	_____ : am/pm	_____ : am/pm
Flammability	0%	<10% LEL/LFL	_____ : am/pm	_____ : am/pm	_____ : am/pm
Carbon Monoxide	0 ppm	< 35 ppm	_____ : am/pm	_____ : am/pm	_____ : am/pm
Hydrogen Sulfide	0 ppm	< 10 ppm	_____ : am/pm	_____ : am/pm	_____ : am/pm
Sulfur Dioxide	0 ppm	< 5 ppm	_____ : am/pm	_____ : am/pm	_____ : am/pm
Ozone	0 ppm	<0.1 ppm	_____ : am/pm	_____ : am/pm	_____ : am/pm
Other (specify)			_____ : am/pm	_____ : am/pm	_____ : am/pm

Date and initials performing air-monitoring test \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Initials: \_\_\_\_\_

Instrument or Serial Number: \_\_\_\_\_ Date of Last Calibration: \_\_\_\_\_

**6. PREPARE RESCUE PLAN PRE-PLAN**

Possible Rescue Situation  Yes  No Rescue Method: \_\_\_\_\_  
 Can Rescue Team handle the situation?  Yes  No If "No," STOP! Do not carry out entry. Make alternative arrangements  
 ENTRANT EQUIPMENT:  Full Body Harness  Lifeline  Tripod/Winch  SCBA  Radio  Lighting  
 Other Rescue Equipment (list) \_\_\_\_\_  
 Rescue Phone Number \_\_\_\_\_

**7. NAMES OF AUTHORIZED ENTRANTS**

IN		OUT	
1.	_____	1.	_____
2.	_____	2.	_____
3.	_____	3.	_____
4.	_____	4.	_____
5.	_____	5.	_____
6.	_____	6.	_____
7.	_____	7.	_____
8.	_____	8.	_____
9.	_____	9.	_____
10.	_____	10.	_____

**8. NAMES OF AUTHORIZED ATTENDANTS**



1.	_____	2.	_____
3.	_____	4.	_____

**9. OBTAIN EQUIPMENT REQUIRED FOR ENTRY AND SAFE WORK**

**Communication procedures to be used by Entrants & Attendants**  Radio  Voice  Rope Pulls  Horns  
 Other \_\_\_\_\_  
 Continuous Air Monitoring:  Yes  No (EXIT ON ALARM) Fall Protection Equipment  Yes  No  
 Low Voltage Lighting:  Yes  No Fire Extinguisher  Yes  No  
 Respiratory Protection Equipment:  Yes  No Type:  Half Mask  Full face  PAPR  Airline  SCBA  
 Personal Protective Equipment Required:  Hard hat  Safety Glasses  Face shield  Hearing Protection  Gloves  
 Welding Hood  Welding Leathers  Chemical Resistant Clothing  Flame Retardant Clothing  Full Body Harness  
 Lifeline  Other Equipment (list) \_\_\_\_\_

**10. AUTHORIZATION BY ENTRY SUPERVISOR TO ENTER ATTENDANT-REQUIRED CONFINED SPACE**

I verify that all required precautions have been taken and the necessary equipment for safe entry and work in this confined space.

_____	_____	_____ - _____ - _____	_____ am/pm
<b>Printed Name</b>	 <b>Signature</b>	<b>Date</b>	<b>Time</b>
_____	_____	_____ - _____ - _____	_____ am/pm
<b>Printed Name</b>	 <b>Signature</b>	<b>Date</b>	<b>Time</b>