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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.** |