

WX # _____ Date: _____
 Address _____

Description of Confined Space: _____ (select all that apply)
 * Attic Ventilate space as needed
 * Crawl Open all crawl vents before entering
 * MH Crawlspace Open skirting in two locations to enter

- 1 Are activities being conducted that would require a Confine Space Permit?
IF YES STOP TAKE ACTION TO DEPERMIT SPACE
- 2 Structural supports and framing sound within the space?
- 3 Combustion appliance present in confined space:
 Detail type and condition: _____
- 4 Are there flue pipes in the confined space?
 Clearance to combustables correct? _____
- 5 Are fuel lines in the space?
 Oil leaks present
 Gas line test is negative? _____
- 6 Do all plumbing drain/vents and connections appear secure/sound and leak free?
 Hazards related to plumbing? _____
- 7 Any electrical hazards
- 8 List all observed general hazards:
 Nails protruding from decking or boards
 Animal waste
 Mold and mildew
 Pooled water or damp areas
 Insects or pest infestation
 Excessive Debris
 Sewer leak
 Other ? _____

1st day		2nd day	
Date:		Date:	
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO

9 Air monitoring recording as needed in table below :

Oxygen Min. 19.5% Max. 23.5%
 Methane Max 10% LEL
 Hydrogen Sulfide Max 10 PPM
 Carbon Monoxide Max 35 PPM

1st Day

Zone:

2nd Day

Zone:

Is this space considered a Permit-Space? **(Defer work until corrected)**
 Can work proceed in De-Permit Space ?

YES	NO	YES	NO
YES	NO	YES	NO

Signature: _____ Date: _____

Comments: _____

