**SECTION 1**

1. Haz Eval Performed By:

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<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Organization</th>
<th>Date</th>
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   [ADD ROW]

2. Facility/Project Mgr. (Space Owner)

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<tr>
<th>Print Name</th>
<th>Organization</th>
<th>Date</th>
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3. Space Posted?  
   [ ] Yes  
   [ ] No  
   [ ] NA

**SECTION 2**

1. Location: (area, bidg., room, other)

2. Space Description: (function, configuration, dimensions, type of space, above/below ground, access)

3. Multiple Access Ports?  
   [ ] Yes  
   [ ] No

**SECTION 3**

1. Is the space a confined space (all 3 criteria below have been met)?  
   [ ] Yes  
   [ ] No

   The Space: (check all boxes that apply)  
   - [ ] Is large enough and so configured that an employee can bodily enter and perform assigned work.  
   - [ ] Has limited or restricted means for entry or exit.  
   - [ ] Is not designed for continuous employee occupancy.

2. Is this a Permit Required Space (any of the four conditions below have been met)?  
   [ ] Yes  
   [ ] No

   Does the Space:  
   - [ ] Contain or have the potential to contain a hazardous atmosphere?  
   - [ ] Contain a material that has the potential for engulfing an entrant?  
   - [ ] Have a configuration such that an entrant could become trapped or asphyxiated?  
   - [ ] Contain any other recognized serious safety or health hazard?

3. Special rescue considerations?  
   [ ] Yes  
   [ ] No

   Specify:

4. Space classification:  
   [ ] Non-permit  
   [ ] Permit-required

   Basis:

**SECTION 4**

**Permit Driven Hazard Checklist: (existing/potential)**

- [ ] O\textsubscript{2} below 19.5 or above 23.5%  
- [ ] Mechanical
- [ ] Combustible/flammable/dust atmosphere  
- [ ] Electrical
- [ ] Inert atmosphere  
- [ ] Particulates
- [ ] Welding/cutting fumes  
- [ ] Temperature extremes
- [ ] Toxic gases/vapor/materials  
- [ ] Pressurized fluids/gases

   Specify:

- [ ] Introduction of hazardous materials  
- [ ] High noise levels
- [ ] Entrainment/engulfment  
- [ ] Other
SECTION 5

Non-Permit Pre-Entry Evaluation

1. Configuration or use changed since last assessment?  
   - Yes  
   - No
   Specify:

2. Specify the work to be performed in the space:  
   - Yes  
   - No

3. Does work activity introduce new or additional hazards?  
   Specify:

4. Can this space remain non-permit?  
   - Yes  
   - No
   Identify methods to eliminate hazards:

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<tr>
<th>Safety/Health</th>
<th>Print</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Cognizant Supervisor/Manager</td>
<td>Print</td>
<td>Signature</td>
<td>Date</td>
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Add Graphics (Picture or Drawing)