



CONFINED SPACE PRE-EVALUATION AND PERMIT FORM NJSDA FORM 4

INSTRUCTIONS: This form must be completed by the Prime Contractor or subcontractor prior to any work that involves a specific confined space area. A designated Competent Person from the employer will need to identify all confined spaces and permit spaces in which one or more of the employees it directs may work, including testing as necessary. A form will need to be completed each time entry into a confined space is required. Original to be filed at the site by the Prime Contractor.

Safety Manual reference sections are listed on last page of form.

CONFINED SPACE PRE-ENTRY EVALUATION:

Location of confined space:	Additional descriptor: (e.g. location #, risk assessment #, etc.)
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Description of confined space: (e.g. tank #, manhole #, etc.)

Date issued:	Time of entry/issued:	Time permit expires: (max duration = hr)
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Description of work to be done:

Initial confined space safe work evaluation. If "Yes" is indicated for any of the questions, entry is not permitted until hazards are identified and mitigated by use of the permit and authorized Entry Supervisor.

If "No" is indicated for every question, work may proceed.

Evaluation signature: _____ Print name: _____

If any conditions change, work shall stop and the supervisor shall be contacted.

HAZARD IDENTIFICATION	Hazards present or potentially present: (indicate Yes or No in every box)		
	Inherent Hazards	Introduced Hazards	Adjacent Hazards
Mechanical/electrical (springs, elevated parts, electric >50 volts)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Physical engulfment by material	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pneumatic/hydraulic/fluids/gases (lifts, agitators, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chemical/biological/atmospheric	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



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CONFINED SPACE ENTRY PERMIT:

ENERGY SOURCES (examples)	Hazards present or potentially present (check all that apply)			HAZARD CONTROLLED BY If additional permits are used, indicate here in addition to other controls				
	Inherent Hazards	Introduced Hazards	Adjacent Hazards					
Mechanical (springs, elevated parts, etc.)								
Electrical (motors, agitators, etc.)								
Pneumatic/hydraulic (lifts, agitators, etc.)								
Fluid/gases (CIP lines, nitrogen, steam, etc.)								
OTHER HAZARDS:				This section must be completed ↓				
Unauthorized entry of personnel								
Noise >85 dB								
Excessive heat or cold								
Falling objects								
Other permits: hot work, line break, LOTO, live electrical work								
ATMOSPHERIC HAZARDS: (record pre-entry and document continuously at least every two hours until exit)				Pre-Entry Req'd AM/PM:	Time AM/PM:	Time AM/PM:	Time AM/PM:	Time AM/PM:
Bump Test required and completed <input type="checkbox"/> YES								
Gas tester: type model _____ Serial # _____								
Continuous monitoring required <input type="checkbox"/> YES <input type="checkbox"/> NO								
Percent of oxygen 19.5% to 22%								
Lower explosive limit < 10% of LEL								
Carbon monoxide < 25 ppm								
Hydrogen sulfide < 5 ppm								
Other								
TESTER INITIALS:								
PERSONAL PROTECTIVE EQUIPMENT REQUIRED: (For all, check the appropriate box)								
Respirator <input type="checkbox"/> YES <input type="checkbox"/> N/A Type: _____ Model: _____ Cartridge/filter: _____	Safety glasses w/side shields <input type="checkbox"/> YES <input type="checkbox"/> N/A Goggles <input type="checkbox"/> YES <input type="checkbox"/> N/A Ear plugs/muffs <input type="checkbox"/> YES <input type="checkbox"/> N/A Gloves (Type: _____) <input type="checkbox"/> YES <input type="checkbox"/> N/A			Hard hat <input type="checkbox"/> YES <input type="checkbox"/> N/A Face shield <input type="checkbox"/> YES <input type="checkbox"/> N/A Boots <input type="checkbox"/> YES <input type="checkbox"/> N/A Disposal coveralls <input type="checkbox"/> YES <input type="checkbox"/> N/A				
Other: (specify) _____								
COMMUNICATIONS:								
Entrant <input type="checkbox"/> Verbal (allowed only for line of sight) <input type="checkbox"/> Radio								
Emergency rescue will be requested by: _____								



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RESCUE: *(For all, check the appropriate box)*

Full-body harness w/"D" ring <input type="checkbox"/> YES <input type="checkbox"/> N/A	Tripod/retrieval system <input type="checkbox"/> YES <input type="checkbox"/> N/A
Fall-arresting equipment <input type="checkbox"/> YES <input type="checkbox"/> N/A	Lifelines and safety or wrist harness <input type="checkbox"/> YES <input type="checkbox"/> N/A
Emergency escape retrieval equipment <input type="checkbox"/> YES <input type="checkbox"/> N/A	3 rd party rescue team on-site <input type="checkbox"/> YES <input type="checkbox"/> N/A

- Emergency response team has been notified of entry, hazards, and duration (still use for alternate procedure or reclassification)
- Incident action plan has been completed and is available

ENTRANT(S): *(Print names and initial)*

I am aware of the hazards and their effects and will take the precautions required.

ATTENDANT(S): *(Print names and initial)*

I am aware of the hazards and their effects. I will arrange for rescue from outside the space, if required.

ENTRY SUPERVISOR: *(Print name and phone # / signature)*

I authorize entry into this confined space and verify that the hazards have been evaluated, control measures have been instituted, and the conditions are as indicated on this permit.

CANCEL PERMIT:

This permit shall be cancelled at the completion of the entry, or if hazards change, by placing a large "X" across both sides of the permit.

RESCUE & EMERGENCY CONTACT: *(Print name and phone #)*