Efficient Home, LLC Confined Space Checklist (required for each confined space)

Work Date:		
Customer Name:		
Work Site Address:		
Entry Supervisor Name:	Signature:	
Space Description:		
	Determination of Confined Space (must meet all three)	
The space large enough and configured that a person can bodily enter it		
The space has limited or restricted means for entry and exit		
The space is not designed for continuous occupancy		
	If this is a confined space as determined above	
If this is a confined space as determined above, Determination of Permit-Required Confined Space (must meet at least one of the following):		
The space contains or has a potential to contain a hazardous atmosphere		
The space contains a material that has the potential for engulfing an entrant		
The space has an internal configuration such that an entrant could be trapped or asphyxiated by		
inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section		
The space contains any other recognized serious safety or health hazard		
Based on the checklists above, this space is:		
A non-confined space		
A confined space		
A permit-required confined space (continue checklist, fill out and sign permit below)		
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Efficient Home, LLC Permit For Entering Confined Space

Permit-Required Confined Hazardous Conditions Checklist

Existing or potential atmospheric hazards. If so, air quality must be monitored for the duration of occupancy			
Fall Hazard (unfloored attic)			
Exposed Live Electrical Wiring			
Any other recognized serious safety or health hazards (describe below)			
Rescue and Emergency Services shall be provided by the 911 service. Rescue availability confirmed			
No air testing is required for this space Air quality monitored during occupancy			
Purpose of entry:			
Authorized from (time):			
Authorized entrants:			
All entrants have been briefed on the existing or potential hazards within the Confined Space			
Person(s) serving as attendant(s):			
Equipment to be used by entrant(s): (Tyvek suit, respirator, etc.):			
Additional information:			
Additional miormation.			
Entry Supervisor Name:			
Entry Supervisor Hume.			
Signature: Date:			