

# NON-PERMIT CONFINED SPACE

Date \_\_\_\_\_ Duration of Permit (hour, day, week) \_\_\_\_\_

Confined Space Location \_\_\_\_\_

Purpose of Entry \_\_\_\_\_

Specific reasons for "non-permit" classification confined space that does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm. (No specific requirements - judgement call of competent person. Reasons for this classification must be documented and this form must be made available to workers entering the space.) \_\_\_\_\_  
\_\_\_\_\_

Controlling space hazards (LO/TO of equipment, procedure for purging, etc.)  
\_\_\_\_\_

NOTE: With this type of "permit" forced air ventilation can not be used to control hazards in the confined space.

Name of authorized entrant(s):  
\_\_\_\_\_  
\_\_\_\_\_

Emergency rescue contact: **CALL 911**

Communication procedures: (stand-by attendant, two-way radio, etc.)  
\_\_\_\_\_

Personal protective equipment or special equipment required: (flashlight, respirator, hard had, gloves, etc.)  
\_\_\_\_\_

Name of competent person:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: These permits must be kept for a minimum of 1 year after issued. This type of permit assumes all work will take place under acceptable atmospheric conditions. And that the Confined Space has no internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which recognized serious safety or health hazard.