ND COMPETENT PERSON CONFINED SPACE EVALUATION/ENTRY SIGN-IN

NORTH DAKOTA DEPARTMENT OF COMMERCE DIVISION OF COMMUNITY SERVICES SFN 61894 (10/2020)

WX Number	Date	City	
Street Address			
Description of confined space (select all that apply)			
	Ventila	ate space as needed	

Crawl
MH Crawlspace

Ventilate space as needed

Open all crawl vents before entering

Open skirting in two locations to enter

		1st Day		2nd Day	
		Date:		Date:	
	Place a checkmark in the Yes/No responses below each day:	YES	NO	YES	NO
1.	Are activities being conducted that would require a Confine Space Permit? <i>IF YES TAKE ACTION TO DE-PERMIT SPACE</i>				
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 combustibles 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?				
	Detail:				
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				
	Excessive debris				
	Insects or pest infestation				
	Sewer leak				
	Other:				

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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		

	1st Day		2nd Day	
Place a checkmark in the Yes/No responses below each day:	YES	NO	YES	NO
Is this space considered a Permit Space? (Defer work until corrected)				
Can work proceed in De-Permit Space?				

Signature	Date

Comments: