

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)*

<input type="checkbox"/> Attic <input type="checkbox"/> Crawl <input type="checkbox"/> MH Crawlspace	<input type="checkbox"/> Ventilate space as needed <input type="checkbox"/> Open all crawl vents before entering <input type="checkbox"/> Open skirting in two locations to enter
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	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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Structural supports and framing sound within the space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Combustion appliance present in confined space? Detail type and condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there flue pipes in the confined space? Clearance to combustibles correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are fuel lines in the space? Oil leaks present? Gas line test is negative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do all plumbing drain/vents and connections appear secure/sound and leak free? Hazards related to plumbing? Detail:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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? (<i>Defer work until corrected</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can work proceed in De-Permit Space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature	Date
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Comments: