Confined Space Recognition & Planning

SF-LIB-13 | Height & access | Employer planning starter

Inventory spaces and identify evaluation, entry and rescue prerequisites.

Scope and limits

Planning starter only, not a complete permit-space program or entry permit. Construction Subpart AA and general-industry 1910.146 differ.

Proposed employer workflow

1. Inventory potential spaces, including tanks, pits and roof attics; do not classify by name alone.

2. Have the employer evaluate configuration and hazards under the applicable rules before anyone crosses an entry boundary.

3. Prevent unauthorized entry and communicate identified hazards.

4. Where entry is planned, develop the complete applicable program, permit arrangements, isolation, testing, monitoring and ventilation procedures.

5. Assign trained entrants, attendants and supervisors as required; verify communications, equipment and rescue capability.

6. Review changes in task or neighboring work. A normal gas reading or this completed worksheet does not authorize entry.

Stop-work trigger

Do not enter an unevaluated space or attempt an improvised rescue.

Adapt this resource before use. It is not OSHA-approved, a certification, a permit, or a complete site-specific safety program. The employer must determine applicable rules and approve the actual controls.

Site implementation worksheet

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Employer / site: _____

Administrator / contact: _____

Effective date / next review: _____

Complete these topic-specific arrangements

Space ID / access / classification assessment

Procedure / location / responsible person

Hazards / program and permit references

Procedure / location / responsible person

Roles / monitoring / communications / rescue

Procedure / location / responsible person

Attach the supporting plans

Identify applicable federal, State Plan and task-specific rules; attach equipment instructions, assessments, maps and any required written programs or permits. Record their document IDs below.

Supporting document / revision / owner

Employer approval / signature / date: _____

Approval of this worksheet alone does not authorize hazardous work.

Field check & follow-up

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Task / date / reviewer: _____

Mark each item Yes / No / N/A. Explain N/A. Resolve any missing critical control before work; record who verified the correction.

Check	Y / N / N/A	Action / owner
Space evaluation documented		
Unauthorized entry prevented		
Applicable program identified		
Required roles and controls arranged		
Rescue capability evaluated		

Crew briefing and verification

Discuss: Do not enter an unevaluated space or attempt an improvised rescue.

Ask each worker to explain the task controls and who to contact. Record the topic, participant names, demonstration or questions, and unresolved gaps. Attendance alone is not proof of proficiency.

Participants / evidence / gaps / corrective action

Reviewed by / date / follow-up due: _____

Official reference and use

https://www.osha.gov/confined-spaces

Source checked Nov 3, 2026. OSHA regulations and recommended guidance have different roles. Verify changes and applicability before adoption. Procedures and forms here are original SafetyFluent planning aids. Copy and adapt for internal workplace use, retaining source and revision details.

Records: assign secure storage, access and retention based on applicable requirements; there is no universal retention period for every form. Keep medical details out of this general crew worksheet.