

Confined Space Evaluation Form

**** Attach copies of documents describing previous evaluations & any precautions / procedures implemented for entering the space. ****

Your Name (print)	Phone	Date
Location of Space		Room #
Description of Space		
Typical tasks to be performed in this space: _____		

INITIAL CONFINED SPACE DETERMINATION	YES	NO
SIZE: Is the space large enough to fully enter and perform work?	<input type="checkbox"/>	<input type="checkbox"/>
ENTRY/EXIT: Is there a limited means of entry and exit that hinders the ability to escape?	<input type="checkbox"/>	<input type="checkbox"/>
OCCUPANCY: Is the space NOT designed for continuous human occupancy and is it UNSUITABLE for occupancy under normal operating conditions without safety and health considerations?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to all three of the above criteria – **You have a confined space.**
Continue the evaluation.

PERMIT-REQUIRED CONFINED SPACE					YES	NO
ATMOSPHERIC HAZARDS (establish a baseline without ventilation controls in place)						
H ₂ S (ppm)	% LEL	CO (ppm)	% O ₂	Other(s):		
Does the atmosphere contain flammable, toxic, or infectious elements? Too much or little oxygen?					<input type="checkbox"/>	<input type="checkbox"/>
Immediately dangerous to life or health (IDLH)?					<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL HAZARDS	YES	NO
Is there potential for engulfment?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any configuration hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other known or potential safety or health hazards?	<input type="checkbox"/>	<input type="checkbox"/>

**** See reverse side of this form for an expanded list of known or potential hazards ****

FOR EH&S USE ONLY	
Verified by:	Date:
<input type="checkbox"/> Not a Confined Space <input type="checkbox"/> Confined Space <input type="checkbox"/> Permit Required Confined Space	
Comments:	

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Environmental Health & Safety

Comprehensive Evaluation of Known or Potential Hazards			
<input type="checkbox"/> Hot Work / Ignition Sources	<input type="checkbox"/> Extreme temperature	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Radiation
<input type="checkbox"/> Harness or lifeline snag points	<input type="checkbox"/> Pressurized lines	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Vibration
<input type="checkbox"/> Isolation difficult / impossible	<input type="checkbox"/> Tripping hazards	<input type="checkbox"/> Electrical	<input type="checkbox"/> Noise
<input type="checkbox"/> Work or equipment introducing additional hazards <ul style="list-style-type: none"> • Inerting • Abrasive blasting • Demolition activities • Use of space heaters • Surface coating and painting • Use of solvents, degreasers, etc. • Use of internal combustion engines • Use of equipment not approved or fit for use in the confined space, such as a GFCI when needed. 			
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