

Confined Space Assessment Form

Location of Space: _____

Type of Space: _____ Dimensions of Space _____

Date of Assessment: _____ Inventory Number: _____

A. Confined Space Determination

1. Area was **NOT** designed for continuous human occupancy.
 YES NO
2. Area can be bodily entered and assigned work performed.
 YES NO
3. Area has limited and or/restricted means of access and egress.
 YES NO

D. Effective Communication

Visual	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Voice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radio	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rope	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cell Coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to **ALL** of the above then the space **has** met the criteria for a confined space.

B. Permit-Required Confined Space Determination

1. Does the space have or have the potential for a hazardous atmosphere?
 YES NO

If a hazardous atmosphere was detected, please mark the hazard(s) below:

Oxygen Deficiency Oxygen Enrichment Explosive Gas/Vapor Explosive Dust
 Hydrogen Sulfide Carbon Monoxide Chlorine Other: _____

2. Will ventilation be required for the space?
 YES (Check all that apply): Natural Forced Positive Forced Negative
 NO

3. Does the space have the potential to engulf the entrant?
 YES NO

Please mark below if the hazard poses a potential for engulfment:

Water Sand Soil Gravel/Loose Rock Sewage Oil Other: _____

4. Does the space have the potential to entrap the entrant?
 YES NO

5. Is there a potential for any other serious safety and health hazard that could prevent self-rescue?
 YES NO

If yes, please mark below:

Electrical Moving Parts Slips and Trips Extreme Heat Extreme Cold Chemicals
 Other: _____

6. Will the entrant need to detach from the lifeline requiring rescue to be on site?
 YES NO

7. How must the space be entered?

Fixed Ladder Portable Ladder Stairs Lowering Winch (automatic permit-required)

8. Is the method of entry slippery, at a difficult pitch, damaged or unable to have secure footing?
 YES NO If Yes specify: _____

If YES was answered with any of these questions, then the space is *Permit-Required*.

C. Special Circumstances Determination

1. If 3, 4, or 5 of Section B were marked YES, then alternate entry procedures are **NOT** allowed for the space.
2. Is the only hazard an actual or potential hazardous atmosphere?

YES NO

If yes, will ventilation alone maintain safe conditions?

YES NO

3. If part 1 & 2 in section B were marked NO, can all other hazards be eliminated? YES NO

If yes has been marked for both questions in part C2, the space may use alternate entry procedures, however it may not be temporarily reclassified. If C3 is marked YES it can be TEMPORAIRILY reclassified. If at any time the space changes and other hazards are present, it is automatically a permit-required space again.

FINAL DETERMINATION: Non-Permit Confined Space Permit-Required Confined Space
 Alternate Entry Procedures Allowed Temporary Reclassification Allowed