**CONFINED SPACE EVALUATION FORM**

SPACE LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPACE DESCRIPTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Name/Job#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete this form for any space which may be considered a confined space.

A confined space is defined as having those **all** characteristics listed in **#1** through **#3** below.

**YES**  **NO** **1.** Is the space large enough and shaped so an employee can enter and work?

**YES**  **NO** **2.** Does the space have a limited or restricted means for entry or exit?   **YES**  **NO** **3.** Is the space **NOT** designed for continuous employee occupancy?

If the answers to **all** questions **#1** through **#3** above are “**YES**”, then the space is a **Confined Space**.

Continue with questions **A** through **E** below to determine if and what type of **permit** is required to enter.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** |  | **NO** | **A.** Does the space contain, or have the potential to contain, a hazardous atmosphere, i.e., oxygen deficiency, flammable vapors, toxic gases or dusts, etc., or pipes, ducts, vents or other entry points for potentially hazardous substances, or will volatile chemicals be used, or will painting or other work that could create a breathing hazard be performed? |
|  |  |  |  | *Specify potential or known hazards*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **YES** |  | **NO** | **B.** Does the space contain a material with the potential for engulfment of a worker, e.g., grain, sand or water? |
|  |  |  |  | *Specify potential or known hazards*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **YES** |  | **NO** | **C.** Does the space have an internal shape such that a worker could be trapped or suffocated |
|  |  |  |  | by inwardly converging walls, floor or ceiling? |
|  |  |  |  | *Specify potential or known hazards*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **YES** |  | **NO** | **D.** Does the space contain other recognized safety or health hazards, such as: (*check all that apply*) \_\_\_ mechanical hazards; \_\_\_ exposed or vulnerable electrical wires or energized equipment; \_\_\_ gas or chemical lines \_\_\_ special hazards related to elevation or falling; or \_\_\_ temperature extremes/heat stress |
|  |  |  |  | *Specify potential or known hazards*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**YES**  **NO** **E.** Will welding, cutting, torch work, or other hot work be performed?

*Specify potential or known hazards*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered “**NO**” to **all** questions **A** through **E**, then the space is a **Non-Permit Required Confined Space**.

* If you answered “**YES**” to question **A**, then classify the **Permit** as either **General** or **Hazardous**, *depending on the ability to adequately ventilate the space*.
* If you answered “**YES**” to question **B**, **C** or **D**, then classify the **Permit** as a **General** *if the hazards can be controlled*.
* If you answered “**YES**” to question **E**, then classify the **Permit** as **Hot Work** & also issue a **Hot Work Safety Permit**.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Keep evaluation form with site plan and send a copy of safety*

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