Confined Space Assessment Form

Instructions: All confined spaces must be assessed using this form. The purpose of this form is to identify the hazards and characteristics of a space to determine the type of Confined Space. This assessment does not replace a Permit Entry Form. Prior to entry, verify that conditions have not changed. If so, complete another assessment form and contact EH&S.

Completed by:		Type of Space:		
Date:		Name of Space:		
Location:				
Section 1: Confined Space Determination				No
The space is large enough and is so configured that an employee can bodily				
enter and perform assigned work.				
The space has limited or restricted means of entry or exit				
The space is not designed for continuous employee occupancy.				
If all items were marked "Yes", the space is considered a Confined Space.				
If any of these items were marked "No", the space is not a Confined Space.				
Is the space considered a Confined Space?				
If "Yes", complete Section 2 Section 2: Permit-Required Confined Space Determination Yes No				
Section 2: Permit-Required Confined Space Determination				No
Does the space have or have the potential to contain a hazardous atmosphere?				
Does the space have the potential to engulf or suffocate the entrant?				
Does the space have an internal configuration that an entrant could become trapped?				
Is there a potential for any other serious safety and health hazards:				
Electrical Hazards:		Pneumatic/Hydraulic/Stored Energy:	I	
Skin/Eye Irritants:		Moving Parts:		
Excessive Noise/Vibration:		Slips/Trips/Falls inside the space:		
Chemicals:		Unguarded Machinery:		
Other:				
If any of these items were marked "Yes", this space is considered a Permit-Required				
Confined Space				
Is this space considered a F	'ermit	Required Confined Space?		
If "Yes", complete the Confined Space Entry Permit Form				
Notes:				