

Protocols

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Confined Space Initial Evaluation



7/13/22

CONFINED SPACE INITIAL HAZARD EVALUATION FORM

Space Name _____ Space Location _____

Yes	No	Is the Space LARGE enough to enter & perform work ? (open pits over 4 feet deep)
Yes	No	Is there a LIMITED or RESTRICTED means for entry and exit ?
No	Yes	Is the space designed for continuous human occupancy (lights, ventilation)

↓
If you have all 3, you have a **confined space**

Next, determine its classification – **Permit Required**, or **Non-Permit**

Does the space have one or more of the following HAZARDS:

Evaluate the space as it is during normal operation –
Before any entry precautions are taken!

Hazardous Atmosphere	Yes	No	Flammable gas, vapor or mist in excess of 10% LEL Methane, natural gas etc.
	Yes	No	Airborne combustible dust @ a concentration that meets or exceeds its LEL *Approximated as a condition in which the dust obscures vision @ a distance of 5 feet or less
	Yes	No	Oxygen concentration below 19.5% or above 23.5% Oxygen deficient (rust, organic matter) Oxygen enriched (oxygen tanks/in feed lines)
	Yes	No	An atmospheric concentration of any substance for which a PEL is published & has the potential to cause death, injury/illness, or impair an entrant's ability to escape Toxic Gas / Vapor – example: Carbon Monoxide, Hydrogen sulfide, chlorine, acid
Engulfment	Yes	No	Contain a material that has the potential for engulfing an entrant
Entrapment	Yes	No	Has an internal configuration that could trap the entrant (converging walls, steep tapers, etc.)
Falls	Yes	No	Fall Hazard greater than 4 feet
Temperature	Yes	No	Temperature extreme – Hot or Cold
Mechanical	Yes	No	Mechanical movement – belts, agitators, pumps
Chemical	Yes	No	Chemical contact (either with chemicals previously stored in the space, or chemicals to be used during cleaning of the space)
Electrical	Yes	No	Electrical Hazards
Other sources	Yes	No	Adjacent operations near tank vents
Others	Yes	No	Any other SERIOUS Safety or Health Hazard.

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If you have checked "yes" to any of the above, you have a
PERMIT Required Confined Space

SPACE DESIGNATION:

_____ **PERMIT REQUIRED**

_____ **NON-PERMIT REQUIRED**

Completed by: _____ Date _____ Reviewed by _____ Date _____

Confined Space Checklist



7/13/22

ENTRY DAY CONFINED SPACE EVALUATION & CLASSIFICATION GUIDE

Space Name _____ Space Location _____

ON THE DAY OF ENTRY, REVIEW THE INITIAL HAZARD EVALUATION FORM FOR THE SPACE TO HELP IDENTIFY HAZARDS EXISTENT IN THE SPACE PRIOR TO ANY HAZARD CONTROL OR ELIMINATION.

A space may be re-classified as a **NON-PERMIT Confined Space** if all hazards can be eliminated (not controlled) prior to entry:



True	False	The space poses no actual or potential ATMOSPHERIC hazards
True	False	All hazards within the space are eliminated without entry into the space
True	False	Documentation is available from the employer that all hazards in a permit space have been eliminated, including date, location, and signature of person making the determination.

Can ALL Hazards be eliminated WITHOUT entry into the Space? YES / NO

Hazardous Atmosphere	<input type="checkbox"/> Purge – Flush air and ventilate space, open doors & hatches, allow dust to settle <input type="checkbox"/> Forced Ventilation – system air, portable blower <input type="checkbox"/> Inert gas – “inerting” introduction of an inert gas such as Nitrogen to neutralize an otherwise flammable atmosphere *frequently this will create an oxygen deficient atmosphere
Engulfment	<input type="checkbox"/> Empty contents of space <input type="checkbox"/> Blank, Block, Bleed, lockout inflow lines bringing material into space <input type="checkbox"/> Lockout feed belts
Entrapment	<input type="checkbox"/> Removal of equipment that would cause entrapment <input type="checkbox"/> Fall Protection equipment – harness & retrieval system
Temperature	<input type="checkbox"/> Allow Equipment to cool down prior to entry, ventilate heat
Mechanical	<input type="checkbox"/> Lockout/Tagout of all mechanical equipment (air, hydraulic, electrical, etc) see LOTO steps
Other –	<input type="checkbox"/> External Barricades – to prevent someone/something from falling into the opening of the confined space. <input type="checkbox"/> Space “clean out” removal of contents which may be hazardous (oil, dirt) <input type="checkbox"/> Other Hazards _____

Note: If work or maintenance performed in a space may introduce atmospheric hazards (welding, painting, solvents, etc), the space will not qualify for NON-PERMIT Entry. However, Alternate Entry Procedures may still apply if the only hazard posed by the space is atmospheric and it can be controlled by continuous ventilation & monitoring. Pre-Entry Assessment Data must be on file. The entrant must continuously ventilate and monitor with a 4 gas meter during entry.

Air Monitor	Operator Name	Date of Testing			
Area Tested	Time am/pm	% Oxygen 19.5-23.5%	%LEL<10%	CO <35 ppm	Hydrogen Sulfide<25 ppm

SPACE DESIGNATION:

____PERMIT REQUIRED ____NON-PERMIT REQUIRED ____ALTERNATE ENTRY PROCEDURES

If designation is NON-Permit OR Alternate Entry – Air monitoring Results must be documented:

Completed by: _____ Date _____ Reviewed by _____ Date _____