

Confined Space Initial Evaluation



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)

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 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 _____