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| **Confined Space Identification AND****Hazard Evaluation Form** |
| **Date of evaluation:****Evaluation completed by:** | **Confined space name or number:** | **Permit required?****Yes** [ ]  **No** [ ]  |
| **Section 1: Confined Space Identification and Location** |
| Location of space (e.g., site, area, room): |
| Description of space (physical characteristics, configuration, number of entry points, etc.): |
| Person in charge of space or responsible individual: |
| **Is the space a confined space? Yes** [ ]  **No** [ ] (*If the answers to questions 1, 2, and 3 are “YES," then the space is a confined space. If YES, complete Sections 2 and 3. If NO, consult other applicable OSHA standards and guidelines.*) | **1. The space can be entered?** | **Yes** [ ]  | **No** [ ]  |
| **2. The space has limited or restricted entry and exit?** | **Yes** [ ]  | **No** [ ]  |
| **3. The space is not designed for continuous human occupancy?** | **Yes** [ ]  | **No** [ ]  |
| **Section 2: Confined Space Hazard Assessment (*potential and existing hazards*)** |
| Are there any conditions making it unsafe to remove an entrance cover? Yes [ ]  No [ ] If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Note: These conditions must be eliminated before the cover is removed.***  |
| **Atmospheric Hazards** |
|  [ ]  Oxygen deficiency (less than 19.5% oxygen).  | Monitoring results: |
|  [ ]  Oxygen enrichment (greater than 23.5% oxygen). | Monitoring results: |
|  [ ]  Flammable gas, vapor, or mist greater than 10% of its LFL. | Substance: |
| Monitoring results: |
|  [ ]  Combustible dust greater than or equal to its LFL *(when dust obscures vision at a distance of 5 feet or less)*. | Substance: |
| Monitoring results or visual determination: |
|  [ ]  Toxic gas, vapor, or mist in excess of its PEL, TLV, or other recommended guidelines. | Substance(s): |
| Monitoring results: |
|  [ ]  Inert or oxygen displacement atmosphere; simple asphyxiate. If yes, specify gas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Examples include acetylene, argon, carbon dioxide, ethylene, helium, hydrogen, LPG, methane, neon, nitrogen,* *and propane. Note that some of these gases are flammable/explosive or have exposure limits (PELs or TLVs).*) |
|  [ ]  Poor or inadequate ventilation. Explain:   |
|  [ ]  Any other atmospheric condition that is immediately dangerous to life or health. Explain: |
| Atmospheric hazards summary statement/comments: |
| **Possible Energy Sources Requiring Lockout/Tagout:** [ ]  Electrical [ ]  Mechanical [ ]  Hydraulic [ ]  Pneumatic [ ]  Chemical [ ]  Thermal [ ]  Radioactive [ ]  Gravity (falling objects) Comments/survey results: |
| **Introduction of Hazardous Materials?** If yes, explain:**Possible Content Hazards (e.g., engulfment)?** If yes, explain: |
| **Configuration of the Space?** [ ]  Inwardly converging walls [ ]  Downward sloping and tapering floor [ ]  Drop offs [ ]  Low overhead clearance [ ]  Complex layout [ ]  Unstable or structural integrity issuesComments/survey results: |
| **External Space Hazards?** [ ]  Traffic [ ]  Machinery/equipment/processes [ ]  External connections to space [ ]  Terrain Comments/survey results: |
| **Other Hazards in the Space?** [ ]  Slip/trip/fall hazards [ ]  Ambient temperature high or low [ ]  Surface temperatures high or low [ ]  Noise [ ]  Vibration (localized/whole body) [ ]  Ionizing or non-ionizing radiation [ ]  Plants [ ]  Microorganisms [ ]  Rodents, snakes, spiders, other insects  [ ]  Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments/survey results:  |
| **Section 3: Permit-Required Confined Space Determination (see** [**Text Box 2**](#TextBox_2)**)** |
| **Is the confined space a permit-required confined space (PRCS)?** **Yes** [ ]  **No** [ ] (*If the answers to questions 1, 2, 3, or 4 are “YES," then the space is a PRCS. If YES, complete the rest of Section 3 and post an appropriate danger sign per* [*Section 3.2.1*](#_3.2.1_Prohibiting_Entry) *at the entrance to the space. If NO, the space is a non-permit confined space. Complete Section 5 if entry is required.*  | **1. Atmospheric hazard(s)?** | **Yes** [ ]  | **No** [ ]  |
| **2. Potential for engulfment?** | **Yes** [ ]  | **No** [ ]  |
| **3. Internal configuration** **hazard?** | **Yes** [ ]  | **No** [ ]  |
| **4. Other serious safety hazard?** | **Yes** [ ]  | **No** [ ]  |
| **Will the PRCS be entered by any personnel? Yes** [ ]  **No** [ ] **If no, what measures have been taken to prevent entry?**[ ]  Posted danger signs[ ]  Blocked, barricaded, or locked entrance[ ]  Informed exposed employees**If yes, complete a PRCS entry permit (**[**Appendix I**](#Appendix_I)**) for all entries.**  |
| **What are the rescue options for the PRCS?**[ ]  Self-rescue [ ]  Non-entry vertical rescue [ ]  Non-entry horizontal rescue [ ]  Entry rescueRescue considerations? If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 4: Alternate Entry Procedures (see** [**Section 3.13.3**](#_3.8.1_Alternate_Entry_and_No_Hazard)**)** |
| The OSHA Confined Space standard allows a PRCS to be entered without the need for a written permit or an attendant under two conditions:* The **only** hazard in the PRCS is an atmospheric hazard and the PRCS can be **maintained** in a condition safe for entry by using mechanical ventilation alone.
* All hazards within the PRCS have been **eliminated** and the space has been reclassified as a non-permit confined space.

1. Is the **only** hazard an actual/potential atmospheric hazard that can be safely controlled by continuous forced air ventilation alone? Yes [ ]  No [ ]  If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If entry will occur, **certify** that the space is safe for entry and that appropriate pre-entry measures have been taken according to the requirements of [Section 3.13.3.1](#_3.13.3.1__PRCS). If no, the space must be entered using a PRCS entry permit and attendant ([Appendix H](#Generated_Bookmark52)). *(Note: If an initial entry of the PRCS is necessary to obtain the required air monitoring data, the entry must be performed utilizing a PRCS entry permit and attendant.)* |
| 2. Can the PRCS be reclassified as a non-permit space (i.e., there are no actual/potential atmospheric hazards and ALL hazards within the space are eliminated without entry into the space)? Yes [ ]  No [ ]  If yes, **certify** that all hazards within the space have been eliminated according to the requirements of [Section 3.13.3.2](#_3.13.3.2__PRCS_Reclassified).If no, the space must be entered using a PRCS entry permit and attendant ([Appendix I](#Appendix_I)). |
| **Section 5: Non-Permit Confined Space Entry** |
| No action is necessary for non-permit confined spaces unless personnel are entering non-permit spaces and there are changes within these spaces that may increase or create a hazard to entrants. If such a situation occurs, the space must be reevaluated, and if necessary, reclassified as a PRCS.If personnel will enter this non-permit confined space, complete the following and post at the entrance to the space:Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location of space:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The following conditions and precautions are required for safe entry into this non-permit confined space:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The following changes within this non-permit confined space constitute a "change in conditions" and require a re-evaluation of the space prior to entry:1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **In all cases, if hazards arise during non-permit confined space entry, all personnel must leave the space immediately. Confined spaces must be re-evaluated whenever there are changes in the use or configuration of the space or when hazards change or arise.**Signature of certifying individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Note: Retain this form in site files for the confined space safety program evaluation.*** |