

Confined Space Assessment



This form is for evaluation and decision making regarding the existing conditions of the space being reviewed.

Date: _____ Conducted by: _____

Name of Space: _____ Location of Space: _____

Does the Space meet the Confined Space Definition?		Yes	No
Is it large enough and so configured that an employee can bodily enter and perform assigned work?		Yes	No
Is there a limited means of entry or exit?		Yes	No
Is it not designed for continuous employee occupancy?		Yes	No
If Yes , complete form and comply with Confined Space procedures.	If No , complete form to evaluate the basic task requirements.		

Atmospheric Testing Required for: (Indicate all that apply)		
Oxygen	Yes	No
Flammable/Combustible Gases/Vapors	Yes	No
Potential Toxic Air Contaminants	Yes	No
	Yes	No
Are the atmospheric testing results available for the space?	Yes	No

Last contents of Confined Space Area

Physical Hazards (Check all that may apply)			
<input type="checkbox"/>	Flam. /Comb. Vapors	<input type="checkbox"/>	Lack of or Excess Oxygen
<input type="checkbox"/>	Electric Shock	<input type="checkbox"/>	Injury from Mech. Equip.
<input type="checkbox"/>	Radiation Sources	<input type="checkbox"/>	Sump (water, MAT's)
<input type="checkbox"/>	Hazardous Liquids	<input type="checkbox"/>	Burns (Thermal/Chemical)
<input type="checkbox"/>		<input type="checkbox"/>	Falls
<input type="checkbox"/>		<input type="checkbox"/>	Engulfment
<input type="checkbox"/>		<input type="checkbox"/>	Changing Conditions

Required Safety Equipment (check all that may apply)			
<input type="checkbox"/>	Air Packs	<input type="checkbox"/>	Gloves
<input type="checkbox"/>	Airline Respirators	<input type="checkbox"/>	Rubber Boot
<input type="checkbox"/>	Harness/Lifelines	<input type="checkbox"/>	Face Shield
<input type="checkbox"/>	Lights	<input type="checkbox"/>	Goggles
<input type="checkbox"/>	Ground Fault	<input type="checkbox"/>	Wristlets
<input type="checkbox"/>	Lockout Tag out List	<input type="checkbox"/>	Lanyard
<input type="checkbox"/>	Isolation Point List	<input type="checkbox"/>	Flexible Ladders
<input type="checkbox"/>		<input type="checkbox"/>	Chemical Suit
<input type="checkbox"/>		<input type="checkbox"/>	Cartridge Respirator
<input type="checkbox"/>		<input type="checkbox"/>	Safety Shower/Eyewash
<input type="checkbox"/>		<input type="checkbox"/>	Radio
<input type="checkbox"/>		<input type="checkbox"/>	P.A.S.S. Unit
<input type="checkbox"/>		<input type="checkbox"/>	Atmospheric Test Equipment
<input type="checkbox"/>		<input type="checkbox"/>	Rescue Services

Number of Attendants Required	
Outside Area (min. of 1)	
Inside Area (maintain line of sight)	

Type of Ventilation to be provided: (Check all that may apply)	
<input type="checkbox"/>	COPUS Blower
<input type="checkbox"/>	Air Horn
<input type="checkbox"/>	Fan
<input type="checkbox"/>	Ventilation Ducts Required
<input type="checkbox"/>	Air Conditioned "Air" Required
<input type="checkbox"/>	Natural or Chimney Effect

Locations

Location of Entry Points and Entry Signs into Space	
Total Number of signs required	

Special Precautions
General comments Regarding the Confined Space