

CONFINED SPACE EVALUATION



INSTRUCTIONS: Completion of this form is necessary for any space which may be considered a confined space. Contact the CFMO Risk Management Specialist for any questions or concerns.

SPACE DESCRIPTION: _____

1. Is the space large enough and shaped so an employee can enter and work?
 YES NO
2. Does the space have a limited or restricted means for entry or exit?
 YES NO
3. Is the space NOT designed for continuous employee occupancy?
 YES NO

If the answers to all questions #1 through #3 above are “YES”, then the space is a Confined Space. Continue with questions A through E below to determine if and what type of permit is required to enter.

- YES NO A. Does the space contain, or have the potential to contain, a hazardous atmosphere, i.e., oxygen deficiency, flammable vapors, toxic gases or dusts, etc., or pipes, ducts, vents or other entry points for potentially hazardous substances, or will volatile chemicals be used, or will painting or other work that could create a breathing hazard be performed? Specify potential or known hazards: _____
- YES NO B. Does the space contain a material with the potential for engulfment of a worker, e.g., grain, sand or water? Specify potential or known hazards: _____
- YES NO C. Does the space have an internal shape such that a worker could be trapped or suffocated by inwardly converging walls, floor or ceiling? Specify potential or known hazards: _____
- YES NO D. Does the space contain other recognized safety or health hazards, such as: (check all that apply) ___ mechanical hazards ___ exposed or vulnerable electrical wires or energized equipment ___ gas or chemical lines ___ special hazards related to elevation or falling or ___ temperature extremes/heat stress. Specify potential or known hazards: _____
- YES NO E. Will welding, cutting, torch work, or other hot work be performed? Specify potential or known hazards: _____

- If you answered “NO” to all questions A through E, then the space is a Non-Permit Required Confined Space.
- If you answered “YES” to question A, then classify the Permit as either General or Hazardous, depending on the ability to adequately ventilate the space.
- If you answered “YES” to question B, C or D, then classify the Permit as a General if the hazards can be controlled.
- If you answered “YES” to question E, then classify the Permit as Hot Work & also issue a Hot Work Safety Permit.

Will the space require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what permit is required?
Employee’s Name	Employee’s Signature
Supervisor’s Signature	Date