APPENDIX C

CONFINED SPACE EVALUATION FORM

SPACE LOCATION: ________________________________________________________________

SPACE DESCRIPTION: ______________________________________________________________

Complete this form for any space which may be considered a confined space.
A confined space is defined as having those all characteristics listed in #1 through #3 below.

☐ YES  ☐ NO  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?

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.

Name: ___________________________  Signature: ____________________________________________

Department: _________________________________________________________________

Refer questions to EHS at 647-1142.
UNIVERSITY OF MICHIGAN CONFINED SPACE ENTRY PERMIT

(Valid for maximum of one eight (8) hour shift and to be posted at work site)

Type of Entry Permit (check one):  □ General  □ Hazardous*  □ Hot Work**

(* Contact EHS 7-1142)  (** Issue Hot Work Safety Permit)

Name of Entry Supervisor: _________________________________ Employee No.: _______________________

Work to be Performed: ______________________________________ Duration:___________________________

Location of Permitted Confined Space: ___________________________________________________________

Pre-Entry Briefing Conducted by: ______________________________   __________________________________

Authorized Entrant(s):  ____________________________________   __________________________________

____________________________________   __________________________________

(Name) (Employee Number)

Attendant/Spotter Name: ___________________________________

(if required) (Name) (Employee Number)

** In case of emergency, Attendant will call UM DPS at 911 (from a campus phone) or on Radio Channel 1A **

Specific hazards which will be encountered (see reverse):

__________________________________________________________________________________________

__________________________________________________________________________________________

Hazard control methods to be used:

__________________________________________________________________________________________

__________________________________________________________________________________________

Required equipment to be used: (inspected and operational)

Personal Protective: (respirator, clothing, etc.)

Air Monitoring:

Retrieval / Rescue:

Purge / Ventilation:

Communication:

Special Tools: (approved electrical equipment, non-sparking tools, etc.)

Supplied Air / Self-Contained Respirators

MONITORING RESULTS

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<th>Date/Time</th>
<th>Monitoring Performed By</th>
<th>O₂ (%)</th>
<th>LEL (%)</th>
<th>H₂S (ppm)</th>
<th>CO (ppm)</th>
<th>Other (specify)</th>
<th>Sample Location</th>
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This confined space has been evaluated in accordance with the confined space entry procedures. All persons participating in this confined space entry have been trained in confined space entry procedures. The creation or discovery of any work induced hazards or other unforeseen, actual, apparent or potential hazards, requires the space be re-evaluated, additional precautions taken, and a new permit issued, if appropriate. Hazardous entries must be reviewed and approved by EHS (7-1142).

Entry Supervisor Signature (Issued): ____________________________________ Date and Time: ______________

Entry Supervisor Signature (Closed): ____________________________________ Date and Time: ______________

EHS Authorization (Hazardous Entry Only): ____________________________________ Date and Time: ______________

Please return this form to EHS: CSSB, 1239 Kipke Drive, Box 1010. Refer questions to EHS at 647-1142.

Original: 10/97; Revised: 03/07