

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: _____

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: _____
(Print) (Signature)

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

Date/Time	Monitoring Performed By	O ₂ (%) 19.5–23.5%	LEL (%) < 10%	H ₂ S (ppm) < 10ppm	CO (ppm) < 35ppm	Other (<i>specify</i>)	Sample Location

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.