



# Confined Space Evaluation Form

Space Location and Description (ex:building name, asset #, GIS man hole #,room #)	Employee Assessing:
Purpose of entry(describe task):	Date:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is the space large enough and shaped so an individual can enter and work?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does the space have a limited or restricted means for entry or exit?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is the space NOT Designed for continuous employee occupancy? Ex: Lack of ventilation, lighting, means of safe entry...

**If you answered "NO" to any of the questions above, then the space is not a confined space. If you answered "YES" to all questions above, the space is a confined space. If Yes, continue below to identify hazards, if present.**

HAZARD IDENTIFICATION - Identify, evaluate and record hazards of space to be entered by checking yes or no.	Yes	No	ISOLATE/ELIMINATE/CONTROL-Specify equipment and measures required to eliminate/isolate hazards before and during entry
A. Does the space contain or have the potential to contain a hazardous atmosphere? Evaluate all potential entry points (pipes, ducts, vents). Include potential work induced atmospheric hazards (i.e. chemical use, painting, hot work) <ul style="list-style-type: none"> <li>Oxygen deficient or enriched (&lt;19.5% or &gt; 23.5%)</li> <li>Flammable Gas/Vapor (%LEL)</li> <li>Toxic Gas/Vapor (i.e. CO and H<sub>2</sub>S, lab/process exhaust)</li> <li>Other Chemical or Dust exceeding the PEL or that could impair self-rescue?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ISOLATE/ ELIMINATE</u> <input type="checkbox"/> Removal Source <input type="checkbox"/> Pump, Drain, Flush, Clean <input type="checkbox"/> Blank or Blind <input type="checkbox"/> Double Block and Bleed <u>CONTROL</u> Ventilation: <input type="checkbox"/> Continuous Forced Air <input type="checkbox"/> Exhaust Contact EHS if source cannot be isolated/eliminated or there are work induced hazards Other:
B. Does the space contain exposed Hazardous Energy Sources? (Electrical, Mechanical, Hydraulic/Pneumatic...)	<input type="checkbox"/>	<input type="checkbox"/>	<u>ISOLATE/ELIMINATE</u> <input type="checkbox"/> Lockout Tagout (see written procedure) <input type="checkbox"/> Isolate/Guard <input type="checkbox"/> Blank or Blind <input type="checkbox"/> Blocking   Other:
C. Temp. Extreme	<input type="checkbox"/>	<input type="checkbox"/>	<u>CONTROL</u> <input type="checkbox"/> Ventilation <input type="checkbox"/> Conditioned Air <input type="checkbox"/> Ice Vest   Other:
D. Engulfment (Flowable material; gas, steam, liquid, loose solid)	<input type="checkbox"/>	<input type="checkbox"/>	<u>ISOLATE/ ELIMINATE</u> <input type="checkbox"/> Pump, Drain, Flush, Clean <input type="checkbox"/> Blank or Blind <input type="checkbox"/> Double Block and Bleed <input type="checkbox"/> Other: Contact EHS if source cannot be isolated/eliminated
E. Entrapment/Converging Walls (pipe configuration, crawling, cyclone/hopper...)	<input type="checkbox"/>	<input type="checkbox"/>	<u>ISOLATE/ELIMINATE</u> <input type="checkbox"/> Install Work Platform <input type="checkbox"/> Hole Covers <input type="checkbox"/> Guard Rails <u>CONTROL</u> <input type="checkbox"/> Personal Fall Arrest /Restraint <input type="checkbox"/> Retrieval Other:
F. Fall Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<u>ISOLATE/ELIMINATE</u> <input type="checkbox"/> Temp. Lighting <input type="checkbox"/> Pump out liquid <input type="checkbox"/> Guard/Block Other:
G Slip/Trip, Limited/No Lighting, Sharp Surfaces, Hot Work, Standing Liquid, Other	<input type="checkbox"/>	<input type="checkbox"/>	<u>ISOLATE/ELIMINATE</u> <input type="checkbox"/> Temp. Lighting <input type="checkbox"/> Pump out liquid <input type="checkbox"/> Guard/Block Other:

**NOTICE: If any of the hazards identified cannot be eliminated, isolated or controlled, contact your EHS Representative**

**3. Space Determination – Select one**

<b>Check</b> If you answered "No" to all questions in the hazard identification column, use of Buddy system is required.	<input type="checkbox"/>	<b>Non-Permit Required Confined Space</b>
<b>Check</b> If all hazards can be isolated or eliminated then reclassify to Non-permit by completing the <b>Reclassification to Non-Permit</b> section NOTE: <b>Control of atmospheric hazards through portable/temporary forced air ventilation does not constitute elimination of the hazards.</b>	<input type="checkbox"/>	<b>Reclassify to Non-Permit</b>

**If you can not reclassify or the space does not qualify as a non-permit required confined space, complete the Confined Space Permit**

**Reclassification to Non-Permit**

Types of Hazards	Method Applied for Eliminating / Isolating Hazards
	<input type="checkbox"/> Lock out/Tagout <input type="checkbox"/> Isolate/Guard <input type="checkbox"/> Blank or Blind <input type="checkbox"/> Double Block and Bleed <input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Install Work Platform <input type="checkbox"/> Hole Covers <input type="checkbox"/> Guard Rails Additional PPE: Other:
	<input type="checkbox"/> Lock out/Tagout <input type="checkbox"/> Isolate/Guard <input type="checkbox"/> Blank or Blind <input type="checkbox"/> Double Block and Bleed <input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Install Work Platform <input type="checkbox"/> Hole Covers <input type="checkbox"/> Guard Rails Additional PPE: Other:
	<input type="checkbox"/> Lock out/Tagout <input type="checkbox"/> Isolate/Guard <input type="checkbox"/> Blank or Blind <input type="checkbox"/> Double Block and Bleed <input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Install Work Platform <input type="checkbox"/> Hole Covers <input type="checkbox"/> Guard Rails Additional PPE: Other:

Signature of Employee Completing Reclassification: \_\_\_\_\_ Date: \_\_\_\_\_



# Confined Space Permit

**Permitted space location and description:**  Check if same as stated on the evaluation page. Host, General Contractor and Subs notified with the Confined Space Contractor Notification form? Yes

**Purpose of entry:**  Check if same as stated on the evaluation page. **Authorized Date and Duration of permit:**  
 Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Entry Supervisor (print below) \_\_\_\_\_ Attendant(s) \_\_\_\_\_

**Permit Required Entry Procedure – Select one**

**Alternate Entry (Rescue device not set up)** - If the only hazard posed is an actual or potential hazardous atmosphere and portable/temporary continuous forced air ventilation alone is sufficient to maintain that PRCS safe for entry after monitoring is completed. Onsite or set-up of rescue equipment is not required. Entrants shall wear a harness.

**Rescue Entry** – All hazards are not isolated, eliminated or controlled prior to entering the space. Rescue required. Contact EHS

**2. Pre-Entry Briefing** (check off section once completed)  
 Review Evaluation and Methods of Isolating/Eliminating Hazards?   
 Additional permits  Hot Work  EEWP  Other \_\_\_\_\_  
**Communication Equipment between entrant and attendant:**  
 Radio  Voice  Cell Phone  Other: \_\_\_\_\_  
**Communication Equipment for offsite rescue**  
 Radio (channel A1)  Cell Phone # \_\_\_\_\_ Other: \_\_\_\_\_  
**Rescue type (Check all that apply):**  
 Non-entry retrieval (Tripod/ Rescue Wristlets or Anklets / Life Line)  
 Off-site Rescue (name): \_\_\_\_\_  
 Onsite Rescue (name): \_\_\_\_\_

**Equipment Required for entry and work** (check any that apply)

Ventilation  Lighting  Barriers  Ladder/Safe Access  
 Harness

Tools \_\_\_\_\_  
 PPE \_\_\_\_\_  
 Other: \_\_\_\_\_

3. Authorized Entrants (Print Names)	Entry Time		Entry Time		Entry Time		Entry Time	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT

**4. Gas monitor mfg./model:** \_\_\_\_\_ **Serial/unit no:** \_\_\_\_\_  
 Monitor calibrated?  Pre-use bump test passed to confirm function?

Test Required	Permissible levels	Initial test levels	Entrant must monitor continuously while in space and every 30 minutes communicate readings to attendant to record				
		(before vent)	Test 2	Test 3	Test 4	Test 5	Test 6
Test Time	n/a	__ : __ am/pm	__ : __ am/pm	__ : __ am/pm	__ : __ am/pm	__ : __ am/pm	__ : __ am/pm
Oxygen (O2)	19.5 to 23.5%						
Combustible gas/vapor (LEL)	< 10% LEL						
Hydrogen sulfide (H2S)	< 10 PPM						
Carbon monoxide (CO)	< 35 PPM						
Other: _____							
Attendant's Initials	n/a						

**Prior to closing/cancelling ensure all tools and people are removed from the space, all guards are re-installed and all openings are closed.**

Permit Close/Cancelled date/time \_\_\_\_ / \_\_\_\_ AM  PM  Debriefing occurred after entry?

Unanticipated Hazards? No  Yes  If yes, briefly describe and complete incident or near miss report \_\_\_\_\_

Entry Supervisor Signature: \_\_\_\_\_

*If permit was cancelled due to abnormal or emergency conditions, notify EHS Representative.*