



WO Number (If Applicable):

Confined Space Entry Assessment Form

Entry Identification		
Entry Date:	Space Identification: Nearest Street/Building:	Department:
Entry Purpose: <input type="checkbox"/> Inspect <input type="checkbox"/> Diagnose <input type="checkbox"/> Clean <input type="checkbox"/> Maintain <input type="checkbox"/> Construct <input type="checkbox"/> Install <input type="checkbox"/> Repair Other (specify):		

Hazards			
Hazard Type	Present?	Elimination/Isolation/Control Method	
Inwardly sloping walls/floor or inherent fall hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Secured temporary floor or ladder (D) <input type="checkbox"/> Guardrail system in place (D)	<input type="checkbox"/> Harness/lifeline/attendant required <input type="checkbox"/> Scaffold with guardrails (D)
Dry material that can engulf or suffocate (grain, sand)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valve blanked or blinded (D) <input type="checkbox"/> Pipe misaligned (D)	<input type="checkbox"/> Space drained/emptied and flushed (D) <input type="checkbox"/> Ventilation method (LEV/forced) (A)
Liquids/steam that could engulf or suffocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pipe section removed (D) <input type="checkbox"/> Line double blocked and bled (D)	<input type="checkbox"/> No reasonable expectation for failure or leaks. <input type="checkbox"/> Material does not terminate in space. (D)
Exposed or live electrical work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Locked/tagged out/new/not live (D)	<input type="checkbox"/> Electrical Qualified Person performing work
Exposed mechanical hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Properly guarded (D)	<input type="checkbox"/> Lockout N/A (troubleshoot/diagnose)
Pneumatic/hydraulic hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Secondary blocking or securing	<input type="checkbox"/> Safe work practices will be followed
Gravity (ex. elevator pits/cars)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Technical expert oversight required	<input type="checkbox"/> Appropriate PPE will be worn
Extreme temperatures (heat stress, cold stress, hot surfaces)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Adequate cool down period of space (D) <input type="checkbox"/> Ventilation method selected below. (A) <input type="checkbox"/> Insulation	<input type="checkbox"/> Frequent breaks outside of space <input type="checkbox"/> Use of cooling vests/equipment <input type="checkbox"/> Use of thermal protective equipment
Existing or potential hazardous atmosphere, including welding/cutting, painting, degreasing, chemicals, epoxies, asbestos, lead, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No What? If yes, air monitoring is required at a minimum.	<input type="checkbox"/> Natural/cross ventilation is adequate. <input type="checkbox"/> Continuous forced air ventilation (A) <input type="checkbox"/> Local exhaust ventilation (A) <input type="checkbox"/> Air monitoring must be conducted <input type="checkbox"/> Project oversight required (ex. asb/pb)	<input type="checkbox"/> Air-purifying respiratory protection required. <input type="checkbox"/> Air-supplying respiratory protection required - Contact EHSS for guidance. <input type="checkbox"/> Hot Work Permit issued; safe work practices <input type="checkbox"/> MSDS reviewed; safe work practices followed

Time:	Clean Air Test							Additional Information	
O ₂ (19.5-23.5)									<input type="checkbox"/> Contact Safety Office for air monitor.
LEL (<10%)								Name of Employee	
H ₂ S (<10 ppm)								Air Monitoring	
CO (<35 ppm)								Equipment name/ Next calib. due in:	
NO ₂ (<1 ppm)									days

Other Equipment
Means of communication: <input type="checkbox"/> Voice <input type="checkbox"/> Radio <input type="checkbox"/> Sight <input type="checkbox"/> Other: _____
Equipment: <input type="checkbox"/> Non-sparking tools <input type="checkbox"/> GFCI <input type="checkbox"/> Tripod/wench <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Temporary lighting <input type="checkbox"/> Warning barrier <input type="checkbox"/> Ladder
PPE required: <input type="checkbox"/> Eye/face protection <input type="checkbox"/> Gloves <input type="checkbox"/> Hard hat <input type="checkbox"/> Safety shoes <input type="checkbox"/> Protective clothing <input type="checkbox"/> Harness <input type="checkbox"/> Hearing protection

Emergency Plan
<input type="checkbox"/> Escape plan discussed <input type="checkbox"/> Means of calling 911 on site <input type="checkbox"/> Non-entry rescue equipment in place <input type="checkbox"/> Rescue team notified/on stand-by
In case of emergency, call 911 immediately, specify "confined space" emergency, and provide nearest street or building for location. Send someone out to meet the Fire Department. Notify supervisor and begin reassessment of the space. Notify EHS (231-2341).

For the purposes of this entry (check one of the boxes below):

No hazards exist or all hazards have been isolated/eliminated and the space is non-permit required. (D)

The only hazard is atmospheric and will be controlled through continuous forced air ventilation and air monitoring. (A)

There is a hazard(s) that cannot be isolated/eliminated/controlled and the space is permit-required. **Do not enter.** Contact EHSS for guidance.

Authorizing Supervisor	Authorized/Trained Attendant (if required)
	<input type="checkbox"/> N/A
Authorized/Trained Entrants	

Comments/special instructions:	
Entry terminated (date/time):	Supervisor signature: