

CONFINED SPACE EVALUATION FORM

Date: _____ Evaluator: _____

Campus: _____ Area/Building: _____ Room _____

CONFINED SPACE		Y	N
1. Size	Is the space large enough or configured to permit bodily entry?	_____	_____
2. Access/Egress	Are there limited or restricted means of access or egress?	_____	_____
3. Occupancy	The space is not designed for continuous human occupancy.	_____	_____
PERMIT REQUIRED CONFINED SPACE		Y	N
4. Hazard			
a.	Is there a potential or actual hazardous atmosphere? If yes, explain _____	_____	_____
b.	Is there a potential for engulfment or entrapment?	_____	_____
c.	Is the internal configuration such that an entrant may be trapped or asphyxiated?	_____	_____
d.	Does the space contain any other safety or health hazard (e.g., mechanical, chemical, thermal, electrical, etc.)? If yes, identify _____	_____	_____

Based on the answers to the above questions, define the type of confined space.

Type of space determined:

_____ Non-regulated space (“no” checked for one or more of questions 1-3)

_____ Non-permit confined space (“yes” checked for questions 1,2 & 3 only)

_____ Permit required (“yes” checked for questions 1,2, 3 and any item in 4)

Signed

Date