

Confined Space Assessment Form

Instructions: All confined spaces must be assessed using this form. The purpose of this form is to identify the hazards and characteristics of a space to determine if it is a non-permit required space or a permit-required confined space. This assessment does not replace a Confined Space Entry Permit. This assessment must be reviewed by the entry team prior to any entry into a permit-required confined space.

| Section A: General Information | | | | | | | | | | | | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------|---------------------------------------------------|-------|--|---------------------------------------|-----|---------|--|------|--|
| 1 | Name: | | | Type of Space: | | | | | | | | |
| 2 | Date of Assessment: | | | Assessment Conducted by: | | | | | | | | |
| 3 | Location: | | | | | | | | | | | |
| Section B: Confined Space Determination | | | | | | | | Yes | No | | | |
| 4 | The space is large enough and is so configured that an employee can bodily enter and perform assigned work. | | | | | | | | | | | |
| 5 | The space has limited or restricted means of entry or exit. | | | | | | | | | | | |
| 6 | The space is not designed for continuous employee occupancy. | | | | | | | | | | | |
| 7 | If items 4-6 were all marked Yes , then the space is considered a confined space; proceed to the next section. If you answered No to 4, 5, or 6, the space is not a confined space; check the box below. | | | | | | | | | | | |
| | The space does not qualify as a "confined space": | | | | | | | | | | | |
| Section C: Atmospheric Hazards | | | | | | | | Yes | No | | | |
| 8 | Does the space have or have the potential to contain a hazardous atmosphere? <i>If Yes, check the hazard(s) below.</i> | | | | | | | | | | | |
| 9 | Oxygen Deficient (O ₂ below 19.5%): | | | Oxygen Enriched (O ₂ above 23.5%): | | | Explosive Gas/Vapor: | | | | | |
| 10 | Hydrogen Sulfide (H ₂ S): | | | Carbon Monoxide (CO): | | | Chlorine (Cl ₂): | | | | | |
| 11 | Other (specify): | | | | | | | | | | | |
| Section D: Engulfment Hazards | | | | | | | | Yes | No | | | |
| 12 | Does the space have the potential to engulf or suffocate the entrant? <i>If Yes, check the hazard(s) below.</i> | | | | | | | | | | | |
| 13 | Sand: | | Water: | | Soil: | | Gravel/ Rock: | | Sewage: | | Oil: | |
| 14 | Other (specify): | | | | | | | | | | | |
| Section E: Entrapment Hazards | | | | | | | | Yes | No | | | |
| 15 | Does the space have an internal configuration that an entrant could become trapped? <i>If Yes, check the hazard(s) below.</i> | | | | | | | | | | | |
| 16 | Converging Walls/ Downward Sloping: | | | Constriction/Taper to a Smaller Cross-Section: | | | Difficult Exit/ Inadequate Access: | | | | | |
| 17 | Other (specify): | | | | | | | | | | | |

| Section F: Other Serious Hazards | | | | | Yes | No | |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|--|----------------------|----|--|
| 18 | Is there a potential for any other serious safety and health hazards? <i>If Yes, check the hazard(s) below.</i> | | | | | | |
| 19 | Electrical: | | Moving Parts: | | Slips/Trips/Falls: | | |
| 20 | Hot/Cold Extremes: | | Noise/Vibration: | | Chemicals: | | |
| 21 | Skin/Eye Irritants: | | Pressurized Steam/ Condensate: | | Unguarded Machinery: | | |
| 22 | Pneumatic Energy: | | Hydraulic Energy: | | Stored Energy: | | |
| 23 | Other (<i>specify</i>): | | | | | | |

Section G: Access

| | | | | | | | | | | | | | | |
|----|---------------------------|--|------------------|--|---------|--|-------|--|--------|--|----------|--|-----------------|--|
| 24 | Fixed Ladder: | | Portable Ladder: | | Stairs: | | Door: | | Hatch: | | Manhole: | | Lowering Winch: | |
| 25 | Other (<i>specify</i>): | | | | | | | | | | | | | |

Section H: Ventilation

| | | | | | | | | |
|----|--------------------------------------------------|--|----------------------|--|--------------------|--|-------------|--|
| 26 | None: | | Unfavorable Natural: | | Favorable Natural: | | Mechanical: | |
| 27 | Mechanical ventilation is required in the space: | | | | | | | |

Section I: Rescue

| | | Yes | No |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 28 | Does the space have an internal configuration where non-entry rescue equipment (e.g., tripod and winch) will be effective in rescuing the entrant? | | |
| 29 | Does the space have an internal configuration where non-entry rescue equipment (e.g., tripod and winch) may be ineffective in rescuing the entrant, depending on where the work is being performed inside the space? | | |
| 30 | Will a standby rescue service be required outside the space if non-entry rescue equipment is ineffective in rescuing the entrant? | | |

Section J: Determination

| | | Yes | No |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 31 | Is the space a Permit-Required Confined Space? <i>If items 8, 12, 15, or 18 were marked Yes, a permit is required to enter the space.</i> | | |

Section K: Notes

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|----|--|--|--|
| 32 | | | |
|----|--|--|--|

Section L: Hazardous Energy Isolation

Hazards indicated in sections C through F may require isolation or de-energization in accordance with Vanderbilt's Control of Hazardous Energy (Lockout/Tagout) Program **prior to entry**.

