

CONFINED SPACE EVALUATION FORM

INSTRUCTIONS

To facilitate posting and review of entry procedures, EHS maintains an inventory of NCI@F/FNLCR confined spaces that can be entered. This form is used to document the location, hazards, classification, and division owner. The division owner has knowledge of the space and its hazards.

After completing this inventory (Part 1) and hazard evaluation checklist (Part 2), the Department Supervisor must send the documents to EHS, who will review and verify the designation, assign the space an inventory number, and add the space to the Confined Space Inventory Listing. If hazard conditions for this confined space change, the division that owns the space must revise the hazard evaluation, revise the entry procedure, and may need to reclassify the space (permitted vs. non-permitted.)

PART 1 - INVENTORY

Location	For Outdoor Spaces	Identification
Building:	Nearest road, Intersection, or Building:	Name/Type of Space (Manhole, Crawlspace, Autoclave, Utility Chase, Sewer, Stormdrain, etc.) (attach photos):
Floor:	Directions from Nearest Road, Intersection, Building to Confined Space: (attach map):	Use of Space (Sewer, Storage, etc.):
Room:		Identification Number (Manhole #10, Tank A, Division No., etc.):
Placement:		
Other Location Notes		

PART 2 – CONFINED SPACE ASSESSMENT

• Is the space large enough and configured that an employee can bodily enter and perform assigned work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Does the space have limited or restricted means for entry and/or exit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Is the space not designed for continuous employee occupancy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If the answers to these three questions are "Yes", then the space is a confined space. Continue to evaluate hazards.</i>	

PART 3 - CHECKLIST FOR HAZARD EVALUATION OF CONFINED SPACES

Conditions to Be Considered During Confined Space Evaluations		
1. Does the space contain or have a potential to contain a hazardous atmospheres (i.e. oxygen deficiency, gasoline or solvent vapors, sewer gases, or caustic materials)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<i>If Yes, classify as a PRCS. Continue to identify specific hazards.</i>
1.1 Is oxygen deficiency or enrichment possible?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
1.2 Is oxygen enrichment possible?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Note: Oxygen deficiency can be caused by oxidation, displacement, bacterial activity, combustion, use of inert gases such as nitrogen. Oxygen enrichment may be caused by leaking oxygen pipes, hoses, or cylinders, boiling liquid oxygen, or chemical activity.		
1.3 Is an explosive or flammable atmosphere possible?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Note: Consider residues, bacterial activity (methane), leaking pipes and cylinders, reactions of acids with metals, painting or cleaning of the space, and residual dusts (coal or metals)		
1.4 Is a toxic atmosphere possible?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Note: Consider chemicals such as hydrogen sulfide (H ₂ S), sulfur dioxide (SO ₂), nitrogen dioxide (NO ₂), chlorine (Cl ₂), carbon dioxide (CO ₂), hydrogen cyanide (HCN), carbon monoxide (CO) and materials brought into the space.		
2. Does the space contain a material that has the potential for engulfing an entrant?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<i>If Yes, classify as a PRCS. Continue to identify specific hazards.</i>
Note: Engulfment means the surrounding and effective capture of a person by a liquid or finely divided (flowable) solid substance that can be aspirated to cause death by filling or plugging the respiratory system or that can exert enough force on the body to cause death by strangulation, constriction, or crushing.		

3. Is there a risk of entrapment (i.e. has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and tapers to a smaller cross-section)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes, classify as a PRCs. Continue to identify specific hazards.</i>	
4. Are there electrical hazards (i.e. exposed energized conductors, switch gear, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.1 If Yes, can the electrical hazards be eliminated by approved LOTO procedures without entry?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5. Are there mechanical hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: Consider unguarded moving equipment such as impellers, pumps, valves, conveyors; stored energy devices such as springs, cables under tension, counterweights; fluids/gases under pressure that are not blocked off.	
5.1 If Yes, can the mechanical hazards be eliminated by approved LOTO procedures without entry?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>If 1-3 are No, and 4.1 and/or 5.1 are Yes, classify as a PRCs-LOTO. Continue to identify hazards.</i>	
6. Can the entrant be seen from the entry point?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If the answers to 1-5 are No and the answer to 6 is Yes, classify as a Non-PRCS Authorized Personnel Only. If the answers to 1-6 are No, classify as a Non-PRCS Two Person Rule.</i>	
Answer the following questions to identify additional hazards to be addressed in an entry procedure	
7. Are there any physical agents such as radiation or temperature extremes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is the space located such that weather conditions can create a hazardous situation (i.e. wind, rain (flooding), high humidity, lightning strikes)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are other operations or processes on-going in the area of the CS that could endanger personnel entering or exiting the space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Will the planned work potentially result in or create a hazardous atmosphere in the space (i.e. burning, welding, and use of organic solvents)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Are there pipes entering, leaving, or passing through the space that carry hazardous substances or high temperature materials?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Are there any physical hazards that could move or fall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Hazard Notes	

EVALUATED BY	
Printed Names	Signature and Date
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CONFINED SPACE CLASSIFICATION	
Class	Master Inventory Listing (to be completed by EHS verification)
<input type="checkbox"/> Permit-Required	Classification verified by EHS? Yes <input type="checkbox"/>
<input type="checkbox"/> Permit-Required-LOTO	EHS Comments:
<input type="checkbox"/> Non-Permit Authorized Only	Space added to Master Inventory Listing? Yes <input type="checkbox"/> Date
<input type="checkbox"/> Non-Permit Two Person Rule	Confined Space ID #

AUTHORIZATION	
Printed Names	Signature and Date
Confined Space Coordinator:
EHS:
Other SME: