

Chapter 34, Appendix B

Confined Space Evaluation Worksheet

Location: _____ **Inventory ID:** _____

Description of Space: _____

1. Defining Questions - Confined Space (Provide details for any "YES" response.)

Yes **No**

☐ ☐ *Is large enough and so configured that an employee can bodily enter and perform assigned work*

Details:

☐ ☐ *Has limited or restricted means for entry or exit*

Details:

☐ ☐ *Is not designed for continuous employee occupancy*

Details:

If **ALL** of the above are "YES," this is a Confined Space. Go to Section 2. If **ANY** of the above is "NO" then this is not a Confined Space. Go to Section 3.

2. Defining Characteristics - Permit-required Confined Space (Complete this section **ONLY** if all of the above are "YES." Provide details for any "YES" response.)

Yes **No**

☐ ☐ *Contains or has a potential to contain a hazardous atmosphere*

Details:

☐ ☐ *Contains a material that has the potential for engulfing an entrant*

Details:

☐ ☐ *Has an internal configuration that could trap or asphyxiate by converging walls or downward slope tapering to a small cross-section*

Details:

☐ ☐ *Contains any other recognized serious safety and health hazard*

Details:

If **ALL** of the above are "NO" then this is a Non-permit Confined Space. If **ANY** of the above is "YES" then this is a Permit-required Confined Space. Go to Section 3.

3. Conclusion: This space is

- ☐ NOT a Confined Space.
- ☐ Non-permit Confined Space.
- ☐ Permit-required Confined Space with defining characteristics listed above.

Evaluated by: _____ **Date:** _____

Print and sign name

☐ *Safe Work Procedure required for entry into this space.*

Details: