

Confined Space Assessment

ID No: _____

Facility: _____ Space: _____ ID No: _____ Profile: _____

Dept: _____ Building/Area: _____ Room: _____ Type: _____

Pictures

Picture 1:



Picture 2:



Picture 3:



Picture 4:



Description

Location Description: _____

Latitude: _____

Entry Permit Required:

Longitude: _____

Hot Work Permit Required:

Area Description: _____

Entry Type Description: _____

Entry Point Description: _____

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Known Problems:

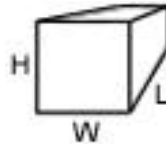
Frequency of Entry: _____
(Weekly, Monthly, Quarterly, Annually, Rarely)

Below Grade:

Length: _____

Width: _____

Height: _____



Opening Size: _____

Capacity: _____

Cubic Feet: _____

Contact

Company: _____

Main: _____

Address: _____

Emergency: _____

City: _____ State: _____

Zip: _____

Contact 1: _____

Contact 1#: _____

Contact 2: _____

Contact 2#: _____

Contact 3: _____

Contact 3#: _____

Hazards (check all that apply)

Atmospheric Hazards

Oxygen: Type: _____

Flammability: Type: _____

Toxic: Type: _____

Inert: Type: _____

Other Hazards

Electrical: Type: _____

Engulfment: Type: _____

Insect: Type: _____

Fall: Type: _____

Physical: Type: _____

Energetic: Type: _____

Chemical: Type: _____

Other: Type: _____

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Testing and Monitoring Required (check all that apply)

Oxygen:	19.5-23.5%	<input type="checkbox"/>	CO:	< 35 ppm	<input type="checkbox"/>	Other-1:	<input type="checkbox"/> _____
Combustibles:	< 10% LEL	<input type="checkbox"/>	H2S:	< 10 ppm	<input type="checkbox"/>	Other-2:	<input type="checkbox"/> _____
						Other-3:	<input type="checkbox"/> _____

Personal Protective Equipment (check all that apply)

Respirators:	<input type="checkbox"/>	Type:	_____
Protective Clothing:	<input type="checkbox"/>	Type:	_____
Hearing Protection:	<input type="checkbox"/>	Type:	_____
Eye Protection:	<input type="checkbox"/>	Type:	_____
Gas/Air Monitor:	<input type="checkbox"/>	Type:	_____
Communication Eqpt:	<input type="checkbox"/>	Type:	_____
Personal Rescue Eqpt:	<input type="checkbox"/>	Type:	_____
Gloves:	<input type="checkbox"/>	Type:	_____
Foot Protection:	<input type="checkbox"/>	Type:	_____
Fall Protection:	<input type="checkbox"/>	Type:	_____
Head Protection:	<input type="checkbox"/>	Type:	_____
Other PPE:	<input type="checkbox"/>	Type:	_____
Explosive Proof Lighting:	<input type="checkbox"/>	Type:	_____
Spark Proof Tools:	<input type="checkbox"/>	Type:	_____
Fire Extinguishers:	<input type="checkbox"/>	Type:	_____
Ground Fault Indicators:	<input type="checkbox"/>	Type:	_____
Ventilation Equipment:	<input type="checkbox"/>	Type:	_____

Entry Procedures

Communication: _____

Area Isolation Required: _____

Lockout/Tagout: _____

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Area Notification:

Ventilation:

Rescue:

Declassification/
Alternate Entry Procedure:

Extraction

Extraction Preplan:

Retrieval Systems:

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Equipment (check all that apply)

- Safety Harness: Type: _____
- Life Lines: Type: _____
- Hoisting Equipment: Type: _____
- SCBA'S: Type: _____
- Other Equipment: Type: _____

Other information

Notes: _____

Chemical Information: _____

Contents: _____

Construction: _____

