**Confined Space Evaluation Checklist**

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| --- | --- |
| Performed By: | Company: |
| Evaluation Date: | Evaluation Time: |
| **Worksite Details** |
| Site ID: | Site Location: |
| Site Leader Name: | Site Leader Phone: |
| Description/Purpose of Worksite: |
| **Confined Space Qualification** |
| Does the space have enough room for workers to enter and complete their tasks? | [ ]  Yes [ ]  No |
| Does the space have limited access points for entry and exit? | [ ]  Yes [ ]  No |
| Does the space not allow for continuous employee occupancy? | [ ]  Yes [ ]  No |
| If you answered any of the above questions with a “yes” response, the work area is a confined space. Move on to the next section of this checklist.[ ]  The worksite is NOT a confined space |
| Does the confined space present a potentially hazardous atmosphere to workers? | [ ]  Yes [ ]  No |
| Does the confined space present engulfment or suffocation hazards to workers? | [ ]  Yes [ ]  No |
| Is there a possibility for workers to become trapped inside the confined space? | [ ]  Yes [ ]  No |
| Does the confined space present serious health or safety hazards not listed above? | [ ]  Yes [ ]  No |
| If you answered any of the above questions with a “yes” response, the work area is a permit-required confined space.[ ]  The worksite is NOT a permit-required confined space |
| **Access Points** |
| Describe the access point(s) within the confined space: |
| **Air Composition and Quality** |
| List the atmospheric readings taken within the worksite: |
| H2S: | Cl2: | O2: |
| CO: | Other: | Other: |
| Select the option that best describes the ***quality*** of ventilation within the workspace: |
| [ ]  Nonexistent [ ]  Poor [ ]  Good [ ]  Excellent |
| What ***type*** of ventilation is present within the workspace? [ ]  Natural [ ]  Mechanical |
| **Engulfment and Entrapment Hazards** |
| Does the confined space have the potential to engulf workers? | [ ]  Yes [ ]  No |
| Check all the engulfment hazards below: |
| [ ]  Gravel or Rocks | [ ]  Water | [ ]  Sewage or Waste |
| [ ]  Sand | [ ]  Oil | [ ]  Soil |
| [ ]  Other: |
| Does the confined space have possible entrapment hazards? | [ ]  Yes [ ]  No |
| If so, describe the hazards below: |
| **Other Hazards** |
| Check all the additional hazards that apply to the worksite: |
| [ ]  Machinery Guards | [ ]  Pressurized Steam | [ ]  Chemicals | [ ]  Hydraulics |
| [ ]  Irritants (skin, eyes) | [ ]  Noise Exposure | [ ]  Temperatures | [ ]  Slips, trips, falls |
| [ ]  Other: |
|  |
| **Notes** |
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