**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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