# Confined Space Evaluation Form

**Appendix B**

**Section I**

**Space Description:**

**Specific Location:**

**Job #:**

**W.O. #:**

**Date:**

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**Section II**

**Confined Space Identification:**

1. Is the space large enough and shaped so an employee can enter and work? 
2. Does the space have a limited or restricted means of ingress or egress? 
3. Is the space NOT designed for continuous employee occupancy?

If ANY answer in Section II is "NO" proceed to Section IV and mark the “Not A Confined Space” box, sign as the evaluator, and give this form to the Confined Space Competent Person. If ALL answers in Section II are “YES”, proceed to Section III.

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**Section III**

**Confined Space Evaluation:**

1. Does the space contain, or have the potential to contain either through processes inherently within the space or introduced through work activities during entry (e.g., hot work), a hazardous atmosphere? (e.g., oxygen deficiency, flammable vapors or dusts, toxic gases or dusts, volatile chemicals, or other hazardous substance).
2. Does the space contain a material with the potential for engulfment of a worker? (e.g., grain, sand, or water)
3. Does the space have an internal shape such that a worker could be trapped or suffocated by inwardly converging walls, floor, or ceiling?
4. Does the space contain, or have the potential to contain, any other recognized safety or health hazards? (e.g., mechanical, exposed electrical wires, energized equipment, gas or chemical lines, elevated work, temperature extremes, noise, biological, radioactivity)

If yes, Specify known or potential hazards:

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**Section IV**

**Confined Space Classification:**

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<th>Applicable</th>
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1. If ANY answers in Section II are “NO”, then this is Not A Confined Space. 

2. If ALL answers in Section III are “NO”, then this is a Non-Permit Required Confined Space. 

3. If ONLY question 1 in Section III is “YES” and the atmospheric hazard CAN be controlled through use of forced air ventilation, then this is an Alternate Entry Procedures space. 

4. If question 1 in Section III is “YES” and the atmospheric hazard CAN be controlled through use of forced air ventilation and if any of questions 2, 3, or 4 are “YES” and CAN be eliminated, then this is an Alternate Entry Procedures space.

5. If question 1 in Section III is “YES” but the atmospheric hazard CAN NOT be controlled through use of forced air ventilation or if any of questions 2, 3, or 4 are “YES” but CAN NOT be eliminated, then this is a Permit Required Confined Space.

6. If question 5 in Section III is “YES”, then this is a Special Procedures space.

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**Section V**

**Certification:**

I certify that I have evaluated this space including all known and potential hazards, and have classified it accordingly based on my evaluation.

**Entry Supervisor:**

(Signature) (Print Name) (Phone) (Date)

I certify that I have reviewed this Confined Space Evaluation Form and have verified that this space has been properly classified.

**F&S Safety Officer:**

(Signature) (Print Name) (Phone) (Date)