

## Confined Space Assessment

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

Location(Identifier): \_\_\_\_\_



UAF Facilities Services  
803 Alumni Drive  
Fairbanks AK 99775

**STEP ONE (If ALL THREE are checked, it is a "CONFINED SPACE".)**

- Is the space large enough for an employee to bodily enter and perform work?
- Are there limited means of entry or exit?
- Is it NOT designed for continuous occupancy?

**STEP TWO (If ANY one hazard is present, it is a "PERMIT-REQUIRED CONFINED SPACE".)**

- Is there an atmospheric hazard?
- Is there an engulfment hazard?
- Is there the space so configured that it poses a hazard?
- Is there any other recognized hazard?

| List Hazards   | Required PPE/Equipment   | Rescue/Entry Procedures  |
|--|--|--|
| <p><b>Atmospheric Hazards</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Oxygen Deficiency (&lt; 19.5%)</li> <li><input type="checkbox"/> Flammable Materials</li> <li><input type="checkbox"/> Toxic Substances</li> </ul> <hr/> <p><b>Engulfment Hazards</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Flowable Materials</li> </ul> <hr/> <p><b>Configuration Hazards</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Downward Sloped Floors</li> <li><input type="checkbox"/> Inwardly Converging Walls</li> </ul> <hr/> <p><b>Other Hazards</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mechanical Hazards</li> <li><input type="checkbox"/> Electrical Hazards</li> <li><input type="checkbox"/> Wet/Slippery Conditions</li> <li><input type="checkbox"/> Heat/Cold</li> <li><input type="checkbox"/> Reduced Visibility</li> <li><input type="checkbox"/> Noise</li> <li><input type="checkbox"/> Other _____</li> </ul> <hr/> <p><b>Protective Equipment</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitoring Equipment</li> <li><input type="checkbox"/> Ventilating Equipment</li> <li><input type="checkbox"/> Communications Equipment</li> </ul> <hr/> <p><b>PPE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hardhat</li> <li><input type="checkbox"/> Eye Protection (TYPE) _____</li> <li><input type="checkbox"/> Hearing Protection</li> <li><input type="checkbox"/> Gloves (TYPE) _____</li> <li><input type="checkbox"/> Safety Shoes</li> <li><input type="checkbox"/> Respiratory (TYPE) _____</li> <li><input type="checkbox"/> Clothing (TYPE) _____</li> </ul> <hr/> <p><b>MISC.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lighting</li> <li><input type="checkbox"/> Explosion-Proof? Spark-proof?</li> <li><input type="checkbox"/> GFCI</li> <li><input type="checkbox"/> Electrical PPE</li> <li><input type="checkbox"/> Ladders</li> <li><input type="checkbox"/> MSDS</li> <li><input type="checkbox"/> Other _____</li> </ul> <hr/> <p><b>Rescue</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Team On Site</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Off Site Team On Standby</li> <li><input type="checkbox"/> Retrieval System</li> <li><input type="checkbox"/> Wristlets</li> <li><input type="checkbox"/> Tripod/Harness</li> <li><input type="checkbox"/> Call List</li> <li><input type="checkbox"/> Communication Device</li> <li><input type="checkbox"/> Other _____</li> </ul> <hr/> <p><b>Other Procedures Required</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clean &amp; Purge</li> <li><input type="checkbox"/> Ventilate</li> <li><input type="checkbox"/> Isolate</li> <li><input type="checkbox"/> Test/Monitor-Oxygen (19.5-23.5%)</li> <li><input type="checkbox"/> Test/Monitor-Flammable (&lt;10% LFL)</li> <li><input type="checkbox"/> Test/Monitor-Toxics (&lt;PEL)</li> <li><input type="checkbox"/> Review MSDS</li> <li><input type="checkbox"/> Complete Hot Work Permit</li> <li><input type="checkbox"/> Other _____</li> </ul> |