

Appendix B – Confined Space Inspection and Evaluation Form



Idaho State University

Environmental Health,
Safety, and Sustainability

Building #: _____ Building Name : _____

Room #: _____ Space ID/Description : _____

Confined Space Evaluation Classification Questions		Yes	No
1.	Is it large enough and so configured that an employee or worker can bodily enter the space?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the space have a limited means of entry and egress (e.g. one way in/one way out)?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the space NOT designed for continuous occupation of workers?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: If you answer "Yes" to all then you have a confined space. Proceed to the next section below.</i>			
Permit Required Confined Space Characteristics			
1.	Does the space contain or have the reasonable potential to contain a hazardous atmosphere?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Contains a material that has the potential for engulfing an entrant?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Contains any other recognized serious safety or health hazard?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: if you answer yes to one or more, then it is a Permit Required Confined Space.</i>			

1. Number of Entrances: _____ Is there signage at the entrance(s)? _____

2. Who or What Trades Will Enter This Space? _____

3. How Often Is This Space Accessed? Other: _____

Daily		Weekly		Monthly		Quarterly		Annually		As Needed	
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4. Location Of This Space: _____

5. Estimated Size of Space:

Length: _____ Width: _____ Height/Depth: _____

6. Usage of Space: _____

7. Protected/Secured (pick one): Yes No

Describe: _____

What Hazards(s) Are Present That Give This Space Its Classification?			
Oxygen Deficiency		Limited Means of rescue	Unguarded Mechanical Hazards
Engulfment		Poor Natural Ventilation	Radiation
Fall Hazard while entering or exiting		Unsafe Walking Surface	

Describe Other: _____

8. Inspected by: _____ Title: _____ Date: _____

9. Approved by: _____ (EHSS) Date: _____

Final Determination	Not a confined Space
_____	_____
_____	Confined Space (non Permit)
_____	PRCS permit required confined