



Confined Space Hazard Evaluation Survey Form

Date of Evaluation:			Permit Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Location of Space:					
Description of Space:					
Confined Space if 1 – 3 below are ALL “Yes”			Permit Required Confined Space if ANY below are “Yes”		
1. Can be bodily entered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Potential hazardous atmosphere? (See A)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Limited or restricted entry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Potential for engulfment? (See B)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Not designed for continuous human occupancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Internal configuration hazards? (See C)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Other serious safety hazard? (See D-G)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A. Possible Atmospheric Hazards: O ₂ deficiency <input type="checkbox"/> O ₂ enrichment <input type="checkbox"/> Flammable <input type="checkbox"/> Toxic <input type="checkbox"/> Specific hazard for flammable and/or toxic: Comments:					
B. Possible Content/Engulfment Hazards: Previous contents <input type="checkbox"/> Water <input type="checkbox"/> Shifting contents <input type="checkbox"/> Dust <input type="checkbox"/>					
C. Configuration of Space: Interior shape & slope <input type="checkbox"/> Low overhead clearance <input type="checkbox"/> Drop offs <input type="checkbox"/> Complex layout <input type="checkbox"/> Stability <input type="checkbox"/> Structural integrity <input type="checkbox"/> Comments:					
D. Potential Energy: Electrical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire control system <input type="checkbox"/> Other <input type="checkbox"/>					
E. Environment in the Space: Slippery Surface <input type="checkbox"/> Ambient temperature high or low <input type="checkbox"/> Surface temperatures high or low <input type="checkbox"/> Noise <input type="checkbox"/> Comments:					
F. Other Hazards: Animals <input type="checkbox"/> Insects <input type="checkbox"/> Biological organisms <input type="checkbox"/> Mechanical <input type="checkbox"/> Other <input type="checkbox"/> Comments:					
G. External Hazards that could impact safety in space: Traffic <input type="checkbox"/> Machinery <input type="checkbox"/> Equipment <input type="checkbox"/> Processes <input type="checkbox"/> Terrain <input type="checkbox"/> Comments:					
If hazard evaluation determines this to be a PRCS, is space posted with signs or secured/locked indicating PRCS? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Reasons for entering space & typical activities:					
Who usually enters space? Maintenance <input type="checkbox"/> Power Production <input type="checkbox"/> Power Delivery <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/>					
Frequency of entry: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>				Number of entry points #	
External connections to space?					
Eligible for Alternative Methods? Yes <input type="checkbox"/> No <input type="checkbox"/> (All hazards must be eliminated)		Eligible for Reclassification Yes <input type="checkbox"/> No <input type="checkbox"/> (If NO, hazardous atmosphere and ALL hazards must be eliminated before entry)			
Comments:					
Evaluation Conducted by:			Evaluation Approved By:		