



SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 12.0 – CONFINED SPACES

ATTACHMENT D – CONFINED SPACE ASSESSMENT

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Decision: Permit Required OR Non-Permit (circle one)

Building:
Confined Space Location:
Date of Assessment:
Assessment Conducted By:

Purpose of Entry:

SECTION 1: To determine if the space listed above is a confined space, answer the following questions:

	YES	NO
The space is large enough and is so configured that an employee can enter and perform work.		
The space has limited or restricted means of entry or exit. (i.e. tanks, vaults, vessels, silos, storage bins, hoppers, pits, diked areas)		
The space is not designed for continuous employee occupancy.		

If any of the above three(3) items were answered **YES**, the area being evaluated is a **CONFINED SPACE**. (Continue to Section 2 to determine if it is a "PERMIT-REQUIRED" confined space). If **ANY** of the above statements were answered **NO**, check the following box and proceed no further. ☐ The area does not qualify as a "confined space."

SECTION 2 Use the following section to determine if it is a "permit-required" confined space.

	YES	NO
1. The space contains, or has the potential to contain a "hazardous atmosphere" (Check all that apply)		
Flammable gas / vapor / mist (Fuel supply locked out/disconnected)		
Oxygen conc. below 19.5% or above 23.5%		
Airborne combustible dust conc. > or = its LFL. Dust obscures vision @ 5 feet or less		
Atmospheric concentration exceeding the PEL or dose for any substance published in subpart G or Z		
Any other atmospheric condition that is IDLH. (i.e. poor ventilation, migrating vapors / gases)		
Other: (inerting gases, etc)		
2. The space contains a material that has the potential for engulfing an entrant (i.e. fill or plug respiratory tract, cause death by crushing, constriction or strangulation)		
3. The space has an internal configuration such that an entrant could become trapped or asphyxiated (Check all that apply)		
Converging walls / downward sloping floors		
Constriction / taper to a smaller cross-section		
Difficult to exit / inadequate access / obstacles		
Other:		
4. The space contains other recognized serious safety or health hazards (Check all that apply)		
Poor or difficult communication		
Noise / vibration		
Hot or cold contact / extremes		
Electrical shock Water? Lights?		
Release of stored and hazardous energy		
Flooding / avalanche of materials / engulfment		
Toxic chemicals		
Corrosive materials		
Inadequate light / poor visibility		
Equipment startup / mechanical hazard		
Slip and trip surfaces, fall from heights		
Sharp objects / falling objects		
Unknown contents / sludge / residue		
Radiation		
Atmospheric contaminant		
Chemical reactivity		

If any of the above four (4) items in Section 2 were answered **YES**, the area being evaluated is a **PERMIT REQUIRED CONFINED SPACE**.