Confined Space Assessment

Building: _____ Location: _____

Space Description: _____

Date: _____

Confined Space Criteria

If the answer is yes to *all* three of the following questions, the space is a confined space.

Is the space large enough to enter and perform work?	Yes	No
Would a person have difficulty getting out of the space in the event of an emergency?	Yes	No
Is the space **not** designed to be occupied for extended periods of time?	Yes	No

Permit Required Confined Space Criteria

If the answer is yes to *any* of the following questions, the confined space is Permit Required. Permit required confined spaces require posting and permit procedures must be followed.

Is there, or could there be, a flammable/combustible gas present?	Yes	No
Will chemicals be used inside the space or are chemicals present?	Yes	No
Is the space designed to contain, or has ever contained, a liquid or a flowable solid (sludge)?	Yes	No
Is the space part of a combustion process?	Yes	No
Could off gas from a combustion process enter the space?	Yes	No
Will "Hot Work" be conducted in the space?	Yes	No
Is there poor air circulation or ventilation in the space?	Yes	No
Is the space connected to a sewer system?	Yes	No
Will painting or coating be done in the space?	Yes	No
Is there a potential for engulfment (can the space to be flooded or involved in a landslide or filled with other material)?	Yes	No
Is the bottom of the space steeply sloped?	Yes	No
Is there machinery in the space that, if activated, while the space is occupied, would result in injury (examples: auger, conveyor belt, or agitator)?	Yes	No
Does the space pose a potential electrical shock hazard?	Yes	No

Name (print):_____ Signature: _____

Copy to EH&S, Mail Stop 328.

University of Nevada Permit-Required Confined Space Entry Permit

The following permit is to be completed only by individuals that have received confined space training. It is valid for one uninterrupted entry and must be posted at entry site during entry. After entry is complete, a copy of the permit should be filed at Buildings & Grounds. Questions may be addressed by contacting the Environmental Health & Safety Department at 327-5040. CALL **9-911** FOR ALL EMERGENCIES.

Location or Permit Required Confined Space #: _____

Work to be Performed: _____

Scheduled Start: _____ **Scheduled Finish:** _____

	Organization	Printed Name	Signature
Entry Supervisor:			
Attendant:			
Authorized Entrant(s):			

CHECKLIST PRIOR TO ENTRY

Atmospheric Monitoring Results (oxygen, flammables, carbon monoxide, & hydrogen sulfide are required):

☐ Oxygen (19.5% to 23%) _____ %
☐ Flammables (< 10% of LEL) _____ %
☐ Carbon Monoxide (< 25 ppm) _____ ppm
☐ Hydrogen Sulfide (< 10 ppm) _____ ppm
☐ Hydrocarbons (VOC) _____ ppm
☐ Other _____ _____ ppm

Other Potential Hazards:

☐ Energized Electrical Equipment
☐ Engulfment
☐ Asbestos
☐ Poor Ventilation
☐ Mechanical Hazards
☐ Connected to Sewer
☐ Combustion Product Generation
☐ Poor Communication w/Entrant
☐ Hot Work _____
☐ Chemical Usage _____
☐ Residual Chemicals _____
☐ Other _____

Safety Precautions:

☐ Electrical Lockout
☐ Blank/Disconnect
☐ Lighting
☐ Air Purifying Respirator
☐ Hearing Protection
☐ Welding Helmet
☐ Mechanical Lockout
☐ Powered Fresh Air Ventilation
☐ Communication Devices
☐ Protective Clothing
☐ Safety Glasses
☐ Hard Hat
☐ Ground Fault Interrupter
☐ Non-Sparking Tools
☐ Harness/Lifelines
☐ Chemical Gloves
☐ Face Shield
☐ Continuous Air Monitoring

ENTRY PROBLEMS/NOTES/COMMENTS

_____

_____

_____

_____