

# Confined Space Entry & Utility Tunnels – Form 1: Confined Space Assessment

## CONFINED SPACE ASSESSMENT WORKSHEET:

The Confined Space Assessment worksheet will need to be completed by the Entry Supervisor.

Space characteristics and hazards may change. As a result, a space may be initially documented as a 'permit space' and then may need to be reclassified to either an 'alternative' or 'non-permit' spaces.

Department Management must keep documentation of the space change on this Confined Space Assessment form. The following provides documentation for the assessment of a confined space for reclassification.

The Entry Supervisor must also sign the assessment sheet and make sure that this is available to employees entering the space.

The initial step in assessing a space is to determine if the space is a 'confined space' then to assess the space as to whether it is a; 'permit-required,' 'alternative entry,' or 'non-permit.' It is critical that the assessor uses Oregon OSHA's definition for each of these types of spaces in making the determination (see Appendix B – *Definitions*)

**Step 1: Complete Part A 'Confined Space Determination'**

**Step 2: Complete Part B 'Permit-Required Confined Space Determination'**

**Step 3: Complete Part C 'Alternative Entry Procedure Determination'**

**Step 4: Complete Part D 'Final Determination'**

### Part A: Confined Space Determination

**Non-permit** confined space is a space where there is an extremely low likelihood that **IDLH** (immediately dangerous to life and health), or engulfment hazard, and where all other serious hazards have been controlled.

The OR-OSHA Standard defines a non-permit space as:

***"A confined space that does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm."***

Examples of non-permit confined spaces include:

- vented vaults,
- motor control cabinets, and
- dropped ceilings.

Although they are "confined space" these spaces have either natural or permanent mechanical ventilation to prevent the accumulation of a hazardous atmosphere, and they do not present engulfment or other serious hazards.

### Part B: Permit-Required Confined Space Determination

**Permit-Required Space** are conditions which expose employees to a risk of death, incapacitation, injury or acute illness.

Examples of permit-required confined spaces include:

- tanks,
- vessels,
- storage bins,
- vaults, and
- pits

These spaces are also not designed for continuous employee occupancy.

### Part C: Alternative Entry Procedure Determination

A space can be reclassified as **non-permit space** under the following conditions:

1. If the permit space poses no actual or potential atmospheric hazards and if all hazards within the space are eliminated without entry into the space, then the permit space may be reclassified as a non-permit space.
2. If testing and inspection during a permit entry demonstrate that the hazards within the permit space have been eliminated, the permit space may be reclassified.
3. The department must document this determination.
4. If hazards arise within a declassified space then the employees shall exit and a permit will be required with appropriate safeguards.

### Step 4: Final Determination

Check the correct confined space choice(s); 'non-' or 'permit-required permit,' and/or 'alternative entry procedure.'

**Hot Work Permit:** Any welding or hot work being done in a confined space requires both a **Confined Space Permit** and **Hot Work Permit** (Appendix #) even if the confined space is originally defined as a 'non-permit.'

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## ASSESSMENT WORKSHEET

### Documentation of Confined Space Assessment Classification for Alternative Procedures

1. Potential Confined Space and Specific Location: \_\_\_\_\_  
\_\_\_\_\_
2. Reasons for entry and how frequent: \_\_\_\_\_  
\_\_\_\_\_
3. Is there a potential hazardous atmosphere? If **so**, why?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. List other potential hazards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Who last entered and why? Any comments on possible problems during the entries? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Specific Conditions of the Space and Space Test Data: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Hot Work Permit Required?: \_\_\_\_\_  
\_\_\_\_\_

#### SPACE CLASSIFICATION:

This space meets the following requirements (mark choice with an 'X' and 'NA' if not)  
(**Note:** If the space is classified as IDLH/Dangerous then a permit must be issued.)

PERMIT-REQUIRED: \_\_\_\_\_

ALTERNATIVE: \_\_\_\_\_

NON-PERMIT: \_\_\_\_\_

\_\_\_\_\_  
**Safety Officer / Entry Supervisor** (Print / Sign)

\_\_\_\_\_  
Date (mmddyy)

This space will need to be added, or updated, on the **Confined Space** listing.

\_\_\_\_\_  
**Confined Space Coordinator - EH&S** (Print / Sign)

\_\_\_\_\_  
Date (mmddyy)

**Return completed form to EH&S, SY CSB 207**

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Location of space: \_\_\_\_\_ Confined Space Number: \_\_\_\_\_  
Type of Space: \_\_\_\_\_ Dimensions of Space: \_\_\_\_\_  
Date of Assessment: \_\_\_\_\_ Entry Supervisor: \_\_\_\_\_

## Part A: Confined Space Determination

1. Area large enough and configured that an employee can bodily enter and perform assigned work,  
 YES,  NO
2. Area limited and/or restricted means of access and egress,  
 YES,  NO
3. Area was NOT designed for continuous human occupancy.  
 YES,  NO

If you answered yes to **ALL** of the above then the space has met the criteria for a confined space, complete Section B.

## Part B: Permit-Required Confined Space Determination

1. Does the space have or have the potential for a **hazardous atmosphere**?  
 YES,  NO

If a hazardous atmosphere was **detected**, please mark the hazard(s) below:

Oxygen Deficiency,  Oxygen Enrichment,  Explosive Gas/Vapor,  Explosive Dust,  
 Hydrogen Sulfide,  Carbon Monoxide,  Chlorine,  Other: \_\_\_\_\_

2. Does the space have or have the potential to **engulf** the entrant?  
 YES,  NO

If 'yes,' please mark below if the hazard poses a potential for engulfment:

Water,  Sand,  Soil,  Gravel/Loose Rock,  Sewage,  Oil,  Other: \_\_\_\_\_

3. Does the space have or have the potential to **entrap** the entrant?  
 YES,  NO

4. Is there a potential for any other **serious safety and health hazard**?  
 YES,  NO

If 'yes,' please mark below:

Electrical,  Moving Parts,  Slips and Trips,  Falling (deeper than 5 ft.),  Heat,  Cold,  
 Skin or Eye Irritants,  Noise,  Chemicals,  Other: \_\_\_\_\_

5. How is the space entered?

Fixed Ladder (circle one: Good Condition or Needs Repair);  Stairs,  Portable Ladder  
 Lowering Winch (separate from Non-entry rescue equipment)

6. Will ventilation be required for the space?

YES. If 'YES': (check all that apply);  Natural,  Forced Positive,  Forced Negative  
 NO

7. Will the entrant need to detach from the lifeline requiring rescue to be on-site?  
 YES,  NO

## Part C: Alternative Entry Procedure Determination

1. If **Part B** questions **2-4** were marked 'yes,' then '**alternative entry**' procedures are **NOT** allowed for the space.  
 YES,  NO
2. Is the only hazard an actual or potential hazardous atmosphere?  
 YES,  NO
3. If 'YES,' will ventilation alone maintain safe conditions?  
 YES,  NO

If 'YES' has been marked for questions 2 & 3 in **Part C**, the space may use '**alternate entry**' procedures. If at any time the space changes and other hazards are present, it is automatically a '**permit-required**' confined space again.

## Part D: Final Determination: (check ALL that Apply)

- Non-Permit Confined Space  
 Permit-Required Confined Space  
 Alternate Entry Procedures