### WORK AREA EVALUATION FOR CONFINED SPACES

**Date:** ____________________  **Project Site:** ____________________

**Client:** ____________________  **Project Number:** ____________________

### SECTION 1: CONFINED SPACE (CS) EVALUATION

<table>
<thead>
<tr>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Size</td>
<td>Is the space large enough and so configured that an employee can bodily enter and perform assigned work?</td>
<td>□</td>
</tr>
<tr>
<td>2. Access/Egress</td>
<td>Are there limited or restricted means of access or egress?</td>
<td>□</td>
</tr>
<tr>
<td>3. Occupancy</td>
<td>The space is not designed for continuous human occupancy.</td>
<td>□</td>
</tr>
</tbody>
</table>

If **all three** answers are “TRUE,” this is considered a confined space; continue with Sections 2 and 3.

If at least one answer is “FALSE,” this is considered a non-regulated space; continue to Section 3.

### SECTION 2: PERMIT-REQUIRED CONFINED SPACE (PRCS) EVALUATION

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Hazard A.</td>
<td>Is there a potential for or an actual hazardous atmosphere?</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>If yes, explain:</td>
<td>____________________________</td>
</tr>
<tr>
<td>4. Hazard B.</td>
<td>Is there a potential for engulfment or entrapment?</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>If yes, explain:</td>
<td>____________________________</td>
</tr>
<tr>
<td>4. Hazard C.</td>
<td>Is the internal configuration such that an entrant may be trapped or asphyxiated?</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>If yes, explain:</td>
<td>____________________________</td>
</tr>
<tr>
<td>4. Hazard D.</td>
<td>Does the work space contain any other safety or health hazard (e.g., mechanical, chemical, thermal, electrical, etc.)?</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>If yes, identify:</td>
<td>____________________________</td>
</tr>
<tr>
<td>4. Hazard E.</td>
<td>Is the work space identified as a permit-required confined space by the client (warning sign, location map, etc.)?</td>
<td>□</td>
</tr>
</tbody>
</table>

*If “NO,” consider contacting the client and advising them of the unidentified permit-required confined space.

### SECTION 3: SPACE DESIGNATION

Based on the answers to the above questions, designate the type of confined space identified:

- □ The work area has been evaluated for confined spaces; none were identified.
- □ The work area has been evaluated for confined spaces; the following confined space(s) was identified:

**Confined Space Location:** ____________________  **Identification:** ____________________

**Confined Space Description:** ____________________

**The space is designated:**

1. □ Non-regulated space (“FALSE” was checked for one or more question in Section 1)
2. □ Confined space, no permit required (“TRUE” was checked for all questions in Section 1)
3. □ Permit-required confined space (“TRUE” was checked for all questions in Section 1 and “YES” was checked for at least one question in Section 2)

**Evaluation performed by:** ____________________

*Print Full Name* ____________________  *Signature* ____________________
**Instructions**

*Work Area Evaluation for Confined Spaces*

The project team must evaluate each work area to determine if confined spaces are present.

**Section 1: Confined Space Evaluation**

If the project team identifies a space that is classified as a confined space, they are to designate which type and communicate the evaluation to the project manager (PM).

To classify a space as a *confined space, all three* of the following criteria must be met:

**Size:** Is the space large enough and so configured that an employee can bodily enter and perform assigned work?

**Access/Egress:** Are there limited or restricted means of access or egress? Can the employee easily egress (exit) the space if there is an emergency? Can rescue personnel easily enter the space?

**Occupancy:** Is the space not designed for continuous human occupancy? Is the space only designed to house equipment? Are there normal-sized doorways and windows?

If the space is classified as a *confined space*, the next step is to evaluate it as a *permit-required confined space*.

**Section 2: Permit-Required Confined Space Evaluation**

To classify a *confined space* as a *permit-required confined space*, *any* of the following criteria must be met:

1. Contains or has a potential to contain a hazardous atmosphere:
   - A. Flammable gas, vapor, or mist in excess of 10 percent of its lower flammable limit (LFL);
   - B. Airborne combustible dust at a concentration that meets or exceeds its LFL;
     
     *NOTE:* This concentration may be approximated as a condition in which the dust obscures vision at a distance of 5 feet or less.
   - C. Atmospheric oxygen concentration below 19.5 percent or above 23.5 percent;
   - D. Atmospheric concentration of any toxic substance above its permissible exposure limit (PEL); or
   - E. Any other atmospheric condition that is immediately dangerous to life or health.

2. Contains a material that has the potential for engulfing an entrant;

3. Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and tapers to a smaller cross-section; or

4. Contains any other recognized serious safety or health hazard.

**Section 2: Space Designation**

If there are no confined spaces identified in the work area, check the box indicating so and file the form.

If there are confined spaces identified in the work area:

1. Check the box indicating so.
2. Give the location, identification, and a description of the confined space (e.g., tank farm 1, MW-01, monitoring well vault).
3. Designate if the space is a non-regulated space, confined space, or permit-required confined space.
4. Communicate the evaluation to the PM and project-team members.
5. File the form in the project filing system.