

Confined Space Assessment Form

Farm Location _____

Confined Space Location: Size (Cu. Ft.):	Purpose of Entry: *Please attach photo of space to this form
---	---

To determine if the space listed above is a confined space, read each of the following statements and CIRCLE the response that best applies to the space being evaluated.

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

If **all** three of the above statements were answered **yes**, the area being evaluated is a **confined space**. Continue to the next section to determine if it is a **“permit-required”** confined space. If **any** of the above statements were answered **no**, proceed no further. The area does not qualify as a “confined space.”

Use the following section to determine space is “permit-required”.

1. The space contains, or has the potential to contain a “hazardous atmosphere”. CIRCLE yes or no, and check all those that apply. Specify hazard when possible on back.	YES	NO
<input type="checkbox"/> Flammable gas / vapor / mist	<input type="checkbox"/> Oxygen conc. below 19.5% or above 23.5% (Test oxygen levels with gas meter)	
<input type="checkbox"/> Airborne combustible dust conc. > or = its LFL. Dust obscures vision @ 5 feet or less.	<input type="checkbox"/> Atmospheric concentration exceeding the PEL or dose for any substance published in subpart G or Z.	
<input type="checkbox"/> Any other atmospheric condition that is IDLH. (i.e. poor ventilation, migrating vapors / gases)	<input type="checkbox"/> Other: (inerting gases, etc) List: _____	

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)	YES	NO
3. The space has an internal configuration such that an entrant could become trapped or asphyxiated. CIRCLE yes or no, and check all those that apply.	YES	NO

<input type="checkbox"/> Converging walls / downward sloping floors	<input type="checkbox"/> Constriction / taper to a smaller cross-section
<input type="checkbox"/> Difficult to exit / inadequate access / obstacles	<input type="checkbox"/> Other: List: _____

4. The space contains other recognized serious safety or health hazards. CIRCLE yes or no, then check all those that apply. *Specify hazard on the back.	YES	NO
<input type="checkbox"/> Poor or difficult communication	<input type="checkbox"/> Noise / vibration	
<input type="checkbox"/> Equipment startup / mechanical hazard	<input type="checkbox"/> Inadequate light / poor visibility	
<input type="checkbox"/> Hot or cold contact / extremes	<input type="checkbox"/> Slip & trip surfaces, fall from heights	
<input type="checkbox"/> Electrical shock Water? Lights	<input type="checkbox"/> Sharp objects / falling objects	
<input type="checkbox"/> Release of stored & hazardous energy	<input type="checkbox"/> Unknown contents / sludge / residue	
<input type="checkbox"/> Flooding / avalanche of materials / engulfment	<input type="checkbox"/> Radiation	
<input type="checkbox"/> Toxic chemicals	<input type="checkbox"/> Atmospheric contaminant	
<input type="checkbox"/> Corrosive materials	<input type="checkbox"/> Chemical reactivity	

Environmental/Occupational Health & Safety Management Program
Confined Space Assessment

Please attach a photo or photos of this space for reference.

Answer all questions as completely and to the best of your ability. Attach additional paper if you need more space.

1. Please list details of exiting or potential atmospheric hazards a (#1 on front page of Assessment Form):

2. Please list details of exiting or potential engulfment hazard (#2 on front page of Assessment Form):

3. Please list details of exiting or potential entrapment hazard (#3 on front page of Assessment Form):

4. Please list details of exiting or potential recognized serious safety or health hazards (#4 on front page of Assessment Form):

5. How many times is this space entered annually? Zero 1-3 4-6 7-9 10+

6. Which employees are required to enter this space?

7. Can hazards be minimized or removed? Yes No
If yes, how can this be accomplished?

Adapted from the UW-Madison Environmental Safety and Health Confined Space Assessment Program, July 2009.