

Assessment Form - Confined Spaces

Date: _____ **Building:** _____ **Location:** _____

Space Description: _____

Contents of Space: _____ **Size of Space:** _____

Photo(s) Filename: _____ **Sketch/Notes on Back:** Yes No

Confined Space Criteria

1. Is the space large enough to enter and perform work?	Yes	No
2. Would a person have difficulty getting out of the space in the event of an emergency (limited means of egress)?	Yes	No
3. Is the space not designed to be occupied for extended periods of time?	Yes	No

If the answer is **YES** to **ALL** three of the above questions, the space is a *Confined Space*. Continue to the Permit Required Confined Space Criteria section

Permit Required Confined Space Criteria

If the answer is *yes* to *any* of the following questions, the confined space is *Permit Required*.

1. Contains or has the potential (likelihood) to contain a hazardous atmosphere? Describe:	Yes	No
2. Is there a potential for engulfment (can the space to be flooded or involved in a landslide or filled with other material)? Describe:	Yes	No
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? Describe:	Yes	No
4. Any other recognized hazards that are likely to pose harm to entrant: Describe:	Yes	No

Is there a PRCS sign currently posted? Yes No If yes quantity: _____

If yes location(s): _____

Does the space need additional signage? Yes No If yes quantity: _____

If yes location(s): _____

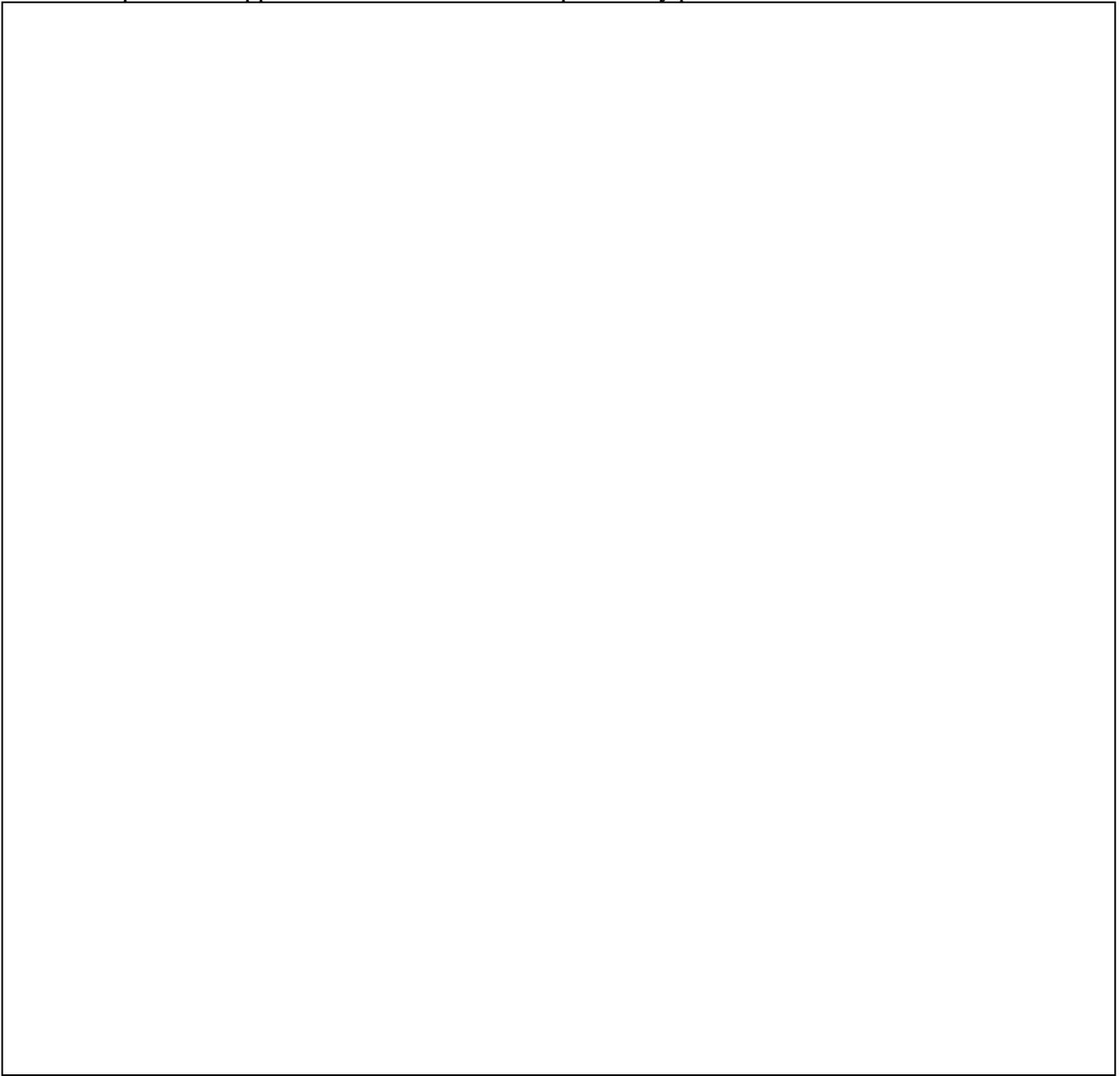
Can space be re-classified as non-PRCS prior to a person entering? Yes No

If Yes Describe: _____

Completed By Name: _____ **Signature:** _____

(Print)

Sketch of space with approximate dimensions and space entry points identified:



Additional Notes/Details:
