

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 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):

- | | |
|---|--|
| <input type="checkbox"/> Oxygen (19.5% to 23%) _____ % | <input type="checkbox"/> Flammables (< 10% of LEL) _____ % |
| <input type="checkbox"/> Carbon Monoxide (< 25 ppm) _____ ppm | <input type="checkbox"/> Hydrogen Sulfide (< 10 ppm) _____ ppm |
| <input type="checkbox"/> Hydrocarbons (VOC) _____ ppm | <input type="checkbox"/> Other _____ ppm |

Other Potential Hazards:

- | | | |
|---|--|---|
| <input type="checkbox"/> Energized Electrical Equipment | <input type="checkbox"/> Mechanical Hazards | <input type="checkbox"/> Hot Work _____ |
| <input type="checkbox"/> Engulfment | <input type="checkbox"/> Connected to Sewer | <input type="checkbox"/> Chemical Usage _____ |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Combustion Product Generation | <input type="checkbox"/> Residual Chemicals _____ |
| <input type="checkbox"/> Poor Ventilation | <input type="checkbox"/> Poor Communication w/Entrant | <input type="checkbox"/> Other _____ |

Safety Precautions:

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

ENTRY PROBLEMS/NOTES/COMMENTS
