



Confined Space Assessment Form

Space No. _____

Location: _____

Description: _____

(attach photo)

A. Confined Space Criteria

If the answer is YES to EACH question below, the space is considered a confined space. Continue to Part B to determine if the space requires an Entry Permit to enter.

Criteria	Yes	No
Is the space large enough and configured to enter and perform work?		
Has the space limited or restricted means for entry and/or exit?		
Is the space not designed for continuous occupancy?		

B. Permit-Required Confined Space Criteria

If the answer is YES to ANY of the following questions, the space is considered a Permit-Required Confined Space. An Entry Permit must be obtained before entering the space.

Criteria	Yes	No
Does the space contain or have the potential to contain a hazardous atmosphere?		
Does the space contain a material that has the potential for engulfment?		
Does the space have inwardly sloping walls or floor that slopes downward?		
Does the space contain any other recognized serious safety or health hazard?		

C. Additional Comments

Assessment Conducted By: _____ Date: _____