

<b>Section I</b>	<b>Space Description:</b>			
	<b>Specific Location:</b>			
	<b>Date of Evaluation:</b>			
<b>Section II</b>	<b>Confined Space Identification:</b>		<b>Yes</b>	<b>No</b>
	1. The space is large enough and shaped so an employee can enter and work			
	2. The space has a limited or restricted means of ingress or egress			
	3. The space is <b>NOT</b> designed for continuous employee occupancy			
If <b>ANY</b> answer in Section II is " <b>NO</b> " proceed to Section IV and mark the "Not A Confined Space" box, sign as the evaluator, and give this form to the Unit Responsible Person. If <b>ALL</b> answers in Section II are " <b>YES</b> ", proceed to Section III.				
<b>Section III</b>	<b>Confined Space Evaluation:</b>		<b>Yes</b>	<b>No</b>
	1. Does the space contain or have the potential to contain a hazardous atmosphere? (e.g., oxygen deficiency, flammable vapors or dusts, toxic gases or dusts, volatile chemicals, or other hazardous substance) If yes, specify known or potential hazards:			
	2. Does the space contain a material with the potential for engulfment of a worker? (e.g., grain, sand, or water) If yes, specify known or potential hazards:			
	3. Does the space have an internal shape such that a worker could be trapped or suffocated by inwardly converging walls, floor, or ceiling? If yes, specify known or potential hazards:			
	4. Does the space contain or have the potential to contain any other recognized safety or health hazards? (e.g., mechanical, exposed electrical wires, energized equipment, gas or chemical lines, elevated work, temperature extremes, biological, radioactivity) If yes, specify known or potential hazards:			
<b>Section IV</b>	<b>Confined Space Classification:</b>		<b>√ Applicable</b>	
	1. If <b>ANY</b> answers in Section II are " <b>NO</b> ", then this is <b>Not A Confined Space</b> .			
	2. If <b>ALL</b> answers in Section III are " <b>NO</b> ", then this is a <b>Non-Permit Required Confined Space</b> .			
	3. If <b>ONLY</b> question 1 in Section III is " <b>YES</b> " and the atmospheric hazard <b>CAN</b> be controlled through use of forced air ventilation, then this is an <b>Alternate Entry Procedures</b> space.			
	4. If question 1 in Section III is " <b>YES</b> " and the atmospheric hazard <b>CAN</b> be controlled through use of forced air ventilation <b>AND</b> if any of questions 2, 3, or 4 are " <b>YES</b> " and <b>CAN</b> be eliminated, then this is an <b>Alternate Entry Procedures</b> space.			
	5. If question 1 in Section III is " <b>YES</b> " but the atmospheric hazard <b>CAN NOT</b> be controlled through use of forced air ventilation or if any of questions 2, 3, or 4 are " <b>YES</b> " but <b>CAN NOT</b> be eliminated, then this is a <b>Permit Required Confined Space</b> .			
<b>Section V</b>	<b>Certification:</b>			
	I certify that I have evaluated this space including all known and potential hazards, and have classified it accordingly based on my evaluation.			
	Competent Person:			
	(Signature)		(Print Name)	
(Phone)		(Date)		