## **UWGB Confined Space Entry Assessment** (rev. May 2016)

Please note that the intent is to eliminate or control hazards that exist in any confined space prior to confined space entry. UWGB employees shall not enter Permit confined spaces

General Information											
Date:	Start Time: End Time:					Duration (hours):					
Space Location: Space Name:											
Supervisor/Team Leader: Signature Authorizing Entry:											
(E) Entrants	1. ( E/A)										
(A) Attendants	2. ( E/A)										
List Names w/ Duties	3. ( E/A)										
Tasks Requiring Entry Into Confined Space											
1.											
2.											
3.											
4.											
Potential Hazards											
1. Does the space have any potential for a hazardous atmosphere?						Y	es	No			
2. Does the space contain a material or liquid that could engul				an entr	ant?	Y	es	No			
3. Does the internal space configuration present the hazard of entrapment?					ent?	Y	es	No			
4. Does the space contain any other recognized safety or health hazards?						Y	es	No			
If yes, circle the hazard: mechanical electrical chemical exposure						oise	falls	gas met	al cuttir	ıg	
pneumatic/hydraulic grinding/sanding dust combustibl						mpress	ed gas	weldin	g		
5. Are there any "yes" answers to questions 1–4 that cannot be controlled? Yes No											
If the answer to question 5 is "yes" the space <i>must be designated as a Permit confined space.</i>											
DO NOT ENTER											
Hazard Control Methods (Check Required Controls)											
Ventilation Equipment Personal Protective Equipment (PPE)											
Lock-Out Procedure	Circle required PPE: Respirator Hearing protection										
Release Stored Ener	Protective clothing Foot protection Head protection										
Hot Work Procedures Initiated			Eye protection Face shield Harness Tripod Lifelines								
Flush / Purge / Drain / Clean											
Illumination (GFCI)											
Air Monitoring Data (Data Entry Required @ 30 min. intervals.)											
Air Meter Serial #	Alarm Levels	Time	Time	Time	Time	Time	Time	Time	Time	Time	
Oxygen (20.8%)	20.5% <o2>21.5%</o2>										
Carbon Monoxide	>35 PPM										
Hydrogen Sulfide	>10 PPM										
Flammability	>10% of LEL										
Conditions for reclassification to non-permit space for duration of entry											
This permit space has been evaluated and meets the criteria for the following for the duration of entry:											
Hazards eliminated: reclassification to non-permit space											
Only hazard is potential atmospheric: hazard is controlled by forced air ventilation during entry											
Supervisor/Team Lead	Supervisor/Team Leader Signature: Date: Time:(AM/PM)										
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Print Name: Return this completed assessment to your supervisor											