

UWGB Confined Space Entry Assessment (rev. Oct 2024)

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?	Yes	No
2.	Does the space contain a material or liquid that could engulf an entrant?	Yes	No
3.	Does the internal space configuration present the hazard of entrapment?	Yes	No
4.	Does the space contain any other recognized safety or health hazards?	Yes	No
<i>If yes, circle the hazard:</i> mechanical electrical chemical exposure noise falls gas metal cutting pneumatic/hydraulic grinding/sanding dust combustible gases compressed gas welding			
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 *must be designated as a Permit confined space.*

DO NOT ENTER

Hazard Control Methods (Check Required Controls)

<input type="checkbox"/> Ventilation Equipment	<input type="checkbox"/> Personal Protective Equipment (PPE)
<input type="checkbox"/> Lock-Out Procedures Initiated	Circle required PPE: Respirator Hearing protection
<input type="checkbox"/> Release Stored Energy	Protective clothing Foot protection Head protection
<input type="checkbox"/> Hot Work Procedures Initiated	Eye protection Face shield Harness Tripod Lifelines
<input type="checkbox"/> Flush / Purge / Drain / Clean	
<input type="checkbox"/> Illumination (GFCI)	

Air Monitoring Data (Data Entry Required @ 30 min. intervals.)

Air Meter Serial #	Alarm Levels	Time								
Oxygen (20.8%)	20.5% <O ₂ >21.5%									
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:

<input type="checkbox"/>	Hazards eliminated: reclassification to non-permit space
<input type="checkbox"/>	Only hazard is potential atmospheric: hazard is controlled by forced air ventilation during entry

Supervisor/Team Leader Signature:_____ Date:_____ Time:_____ (AM/PM)

Print Name:_____ Return this completed assessment to your supervisor