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| **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 ( A ) Attendants List Names w/ Duties | 1. ( E/A) |
| 2. ( E/A) |
| 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
 |
| 1. Does the space contain a material or liquid that could engulf an entrant? Yes No
 |
| 1. Does the internal space configuration present the hazard of entrapment? Yes No
 |
| 1. Does the space contain any other recognized safety or health hazards? Yes No

***If yes, circle the hazard:*** mechanical electrical chemical exposure noise falls gas metal cutting  pneumatic/hydraulic grinding/sanding dust combustible gases compressed gas welding  |
| 1. 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)** |
| [ ]  Ventilation Equipment [ ]  Lock-Out Procedures Initiated[ ]  Release Stored Energy[ ]  Hot Work Procedures Initiated[ ]  Flush / Purge / Drain / Clean [ ]  Illumination (GFCI) | [ ]  Personal Protective Equipment (PPE) **Circle required PPE:** Respirator Hearing protection Protective clothing Foot protection Head protectionEye protection Face shield Harness Tripod Lifelines |
| **Air Monitoring Data (Data Entry Required @ 30 min. intervals. )**  |
|  **Air Meter Serial #** | **Alarm Levels** | **Time** |  |  |  |  |  |  |  |  |
| Oxygen (20.8%) | 20.5% <O2>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:

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|  | Hazards eliminated: reclassification to non-permit space |
|  | Only hazard is potential atmospheric: hazard is controlled by forced air ventilation during entry |

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| Supervisor/Team Leader Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_(AM/PM) Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return this completed assessment to your supervisor  |