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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 protection  Eye 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:   |  |  | | --- | --- | |  | Hazards eliminated: reclassification to non-permit space | |  | 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 | | | | | | | | | | | | |