

# MVAHCS - CONFINED SPACE ASSESSMENT

DECISION: ☐ Permit-Required  
☐ Non-Permit

<b>Building:</b> <b>Room #/Name:</b> <b>Area:</b> <b>Sheet Reference:</b> <b>Reference Number:</b> <b>Nearest Grid Reference:</b> <b>Descriptive Designation:</b>  DAP = Duct access Panel DBP = Duct bolted Panel USP = Unit Service Panel WB = Whole Body  TOD = Top of duct BOD = Bottom of duct SOD = Side of duct HH = Head/Hand  <b>Purpose of Entry:</b> Repair and Maintenance	<b>Assessment Date:</b>  <b>Conducted By:</b>  <b>Camera:</b>  <b>Photo Reference Number:</b>  <b>Notes:</b>  
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**STEP NO. 1** To determine if the space listed above is a **CONFINED SPACE**, highlight the response that best applies to the space being evaluated.

The space is large enough and is so configured that an employee can bodily enter and perform assigned work.	YES	NO
The space has limited or restricted means of entry or exit (i.e. tanks, vaults, vessels, ducts, silos, storage bins, hoppers, pits, etc.).	YES	NO
<input type="checkbox"/> Air handling unit <input type="checkbox"/> Pit <input type="checkbox"/> Trench <input type="checkbox"/> Hopper <input type="checkbox"/> Vault <input type="checkbox"/> Equipment <input type="checkbox"/> Crawl space <input type="checkbox"/> Boiler <input type="checkbox"/> Air Duct	<input type="checkbox"/> Elevator Pit <input type="checkbox"/> Tank <input type="checkbox"/> Mechanical duct <input type="checkbox"/> Vertical chase <input type="checkbox"/> Man hole <input type="checkbox"/> Cooling tower <input type="checkbox"/> Attic <input type="checkbox"/> Other (Specify)	
The space is NOT designed for continuous employee occupancy	YES (NOT designed for occupancy)	NO (designed for occupancy)

If **ALL** three of the above statements are answered **YES**, the area being evaluated is a **CONFINED SPACE**. Continue to Step 2 to determine if it is a **PERMIT-REQUIRED** confined space

If **ANY** of the above statements were answered **NO**, check the following box and proceed no further.

☐ The space does not qualify as a **CONFINED SPACE**.

**STEP NO. 2** Use the following step to determine if it is a **PERMIT-REQUIRED CONFINED SPACE**. (1910.146 (b) Permit-required confined space)

<b>The space contains, or has the potential to contain a "hazardous atmosphere". ONLY if yes check all those that apply.</b>		<b>YES</b>	<b>NO</b>
<input type="checkbox"/> Flammable gas / vapor / mist. Fuel supply locked out/disconnected	<input type="checkbox"/> Oxygen conc. below 19.5% or above 23.5%		
<input type="checkbox"/> Airborne combustible dust conc. > or = its LFL. Dust obscures vision @ 5 feet or less.	<input type="checkbox"/> Atmospheric concentration exceeding the PEL or dose for any substance published in subpart G or Z.		
<input type="checkbox"/> Any other atmospheric condition that is IDLH. (i.e. poor ventilation, migrating vapors / gases)	<input type="checkbox"/> Other: (inerting gases, etc)		
<b>The space contains a material that has the potential for engulfing an entrant (i.e. fill or plug respiratory tract, cause death by crushing, constriction or strangulation)</b>		<b>YES</b>	<b>NO</b>
<b>The space has an internal configuration such that an entrant could become trapped or asphyxiated. Only If YES, Check all those that apply.</b>		<b>YES</b>	<b>NO</b>
<input type="checkbox"/> Converging walls / downward sloping floors	<input type="checkbox"/> Constriction / taper to a smaller cross-section		
<input type="checkbox"/> Other:			
<b>The space contains other recognized serious safety or health hazards. Only if YES, check all those that apply.</b>		<b>YES</b>	<b>NO</b>
<input type="checkbox"/> Poor or difficult communication	<input type="checkbox"/> Noise / vibration		
<input type="checkbox"/> Equipment startup / mechanical hazard	<input type="checkbox"/> Exposed Live Wires		
<input type="checkbox"/> Hot or cold contact / extremes	<input type="checkbox"/> Slip & trip surfaces, fall from heights		
<input type="checkbox"/> Electrical shock                      Water?    Lights?	<input type="checkbox"/> Sharp objects / falling objects		
<input type="checkbox"/> Release of stored & hazardous energy	<input type="checkbox"/> Unknown contents / sludge / residue		
<input type="checkbox"/> Flooding / avalanche of materials / engulfment	<input type="checkbox"/> Radiation		
<input type="checkbox"/> Toxic chemicals	<input type="checkbox"/> Atmospheric contaminant		
<input type="checkbox"/> Corrosive materials	<input type="checkbox"/> Chemical reactivity		
<input type="checkbox"/> Unguarded Machinery	<input type="checkbox"/> Other		

If **ALL** of the statements were answered **NO**, check the following box and proceed no further.

☐ **The space qualifies as a PERMIT REQUIRED CONFINED SPACE**

If any of the statements were answered **YES**, then answer the following:

<b>Can the hazard be eliminated?</b>	<b>YES</b>	<b>NO</b>
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If the statement was answered **NO**, check the following box and proceed no further.

☐ **The space qualifies as a PERMIT REQUIRED CONFINED SPACE**

If the statement was answered **YES** the MVAHCS may choose to reclassify the space to non-permit required confined space using Confined Space Entrance Procedures prescribed in its Confined Space Entry Program.

<b>Does the MVAHC choose to eliminate the hazard and re-classify the space as a NON-PERMIT REQUIRED CONFINED SPACE</b>	<b>YES</b>	<b>NO</b>
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If the statement was answered **NO**, check the following box and proceed no further.

☐ **The space qualifies as a PERMIT-REQUIRED CONFINED SPACE**

If the statement was answered **YES**, check the following box. The assessment is complete.

☐ **The space qualifies as a NON-PERMIT REQUIRED CONFINED SPACE.** Note Decision on first page.