

CONFINED SPACE EVALUATION FORM

Client Name:		WX #		
Address:		Inspection #1 Column	Inspection #2 Column	Inspection #3 Column
Print name of competent person filling out form				
Date of evaluation				
Use of the word hazard below refers to a serious safety & worker health hazard identified by competent person <small>See OSHA factsheet (DOC FS-3787 05/2015) from more information</small>				
1	Confined space to enter (circle one)	Attic - Crawlspace - Other	Attic - Crawlspace - Other	Attic - Crawlspace - Other
	Brief Description of Space			
2	If entering attic - Is there an "attic board" on site?	Yes - No - N/A	Yes - No - N/A	Yes - No - N/A
3	Any hazard of reasonable entry/exit?	Yes - No	Yes - No	Yes - No
4	Odors present? (Circle if present)	Natural Gas/Propane - Petroleum - Sewage - Mold - Combustion - Chemical - Other	Natural Gas/Propane - Petroleum - Sewage - Mold - Combustion - Chemical - Other	Natural Gas/Propane - Petroleum - Sewage - Mold - Combustion - Chemical - Other
	If Yes, is odor the level considered a hazard?	Yes - No - N/A	Yes - No - N/A	Yes - No - N/A
	Notes:			
5	Does any height in space cause a hazard?	Yes - No	Yes - No	Yes - No
6	Sharp/cutting hazards in space	Yes - No	Yes - No	Yes - No
7	Structural concerns in space are a hazard?	Yes - No	Yes - No	Yes - No
8	Temperature in confined space a hazard?	Yes - No	Yes - No	Yes - No
9	Combustion appliance present in confined space?	Yes - No	Yes - No	Yes - No
	If Yes, is combustion appliance a hazard?	Yes - No - N/A	Yes - No - N/A	Yes - No - N/A
10	Are there chimney or flue pipes in space?	Yes - No	Yes - No	Yes - No
	If Yes, is chimney or flue a hazard?	Yes - No - N/A	Yes - No - N/A	Yes - No - N/A
11	Are fuel/gas lines in space?	Yes - No	Yes - No	Yes - No
	If Yes, fuel/gas line in space a hazard?	Yes - No - N/A	Yes - No - N/A	Yes - No - N/A
12	Is there a hazard in space from plumbing?	Yes - No - N/A	Yes - No - N/A	Yes - No - N/A
13	Is there a hazard in space from electrical?	Yes - No	Yes - No	Yes - No
14	Air monitoring recorded at time of entry (if applicable)	Yes - No - N/A	Yes - No - N/A	Yes - No - N/A
	Oxygen (minimum of 19.5% to maximum of 23.5%)			
	Methane (maximum of 10%)			
	Hydrogen Sulfide (maximum of 10 ppm)			
	Carbon Monoxide (maximum of 35ppm)			
15	Is this a permit required confined space	Yes - No	Yes - No	Yes - No
16	Signature of Competent Person			
Comments/ Notes/Site Specific Safety Plan:				